

Less is More: Intentional Living as Self-Care for Interpreters

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ABSTRACT

This autoethnographic action research project focuses on mindfulness and intention by reducing stimulus and task load as a means of self-care within the field of interpreting. Modern life is busy, full of constant demands for attention and action. Trying to do everything at once is exhausting; this project concerns slowing down and removing the pressure to multitask. Research shows that presence is an essential component of an interpreter's toolbelt and that attention is a precious resource. There are several studies on self-care within the field of interpreting, but none with this particular focus. This project explores the mental and physiological changes that occur when building new habits of mindfulness as a recovering perfectionist. Quantitative and qualitative data were gathered from daily journal entries and weekly reflections. Results suggest that reducing distractions, becoming more aware of how one spends their time, taking regular breaks and check-ins, and spending intentional time with oneself positively correlates with increased presence and mood. This form of self-care practice may benefit interpreters and their work.

Keywords: *Burnout, mindfulness, presence, perfectionism, self-care, stress*

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Less is more: Intentional Living as Self-Care for Interpreters

The topics of self-care and intentionality are important to me because of my background as a high-achieving student who is often overwhelmed. Over the course of my academic career, I have realized how vital self-care practices are, noticing the toll taken on my mental and physical health when basic self-care is deprioritized. I often find it challenging to maintain healthy habits in addition to work/school/life responsibilities. Previously, I have been known to sacrifice my health in pursuit of productivity, often manifesting in the form of working through hunger or recognizing I need a break and pushing through anyway. Those are poor habits to take into my career if I want it to be sustainable and satisfactory. In my senior year of undergrad, I decided to take my basic needs more seriously in an attempt to better care for myself and improve my effectiveness on the job. Being tired, hungry, and in pain are huge demands in daily life and while working. After this shift, I felt better and committed to prioritizing my needs over work, though it was challenging. Anecdotally, I noticed many of my colleagues were not practicing sufficient self-care, and I wanted to encourage them and myself to pursue this worthy goal. The research questions in this study are: (1) Does reducing daily stimuli improve my mood? (2) How does intentionality impact my ability to be aware and present in the moment? (3) How can I manage perfectionism and move toward a healthier approach?

Positionality statement

My interest in this research is a direct reflection of who I am as a person. My background as a hearing, White, upper-middle-class, transgender and queer American informs my values, beliefs, and experiences. Like many of my peers growing up in the digital age, I have a particular relationship with technology. I self-identify as a recovering anxious perfectionist who has experienced the burnout cycle firsthand and relates heavily to ADHD experiences. Additionally,

I had a unique educational experience growing up in alternative schooling environments, entering mainstream public school for the first time in college. As the sole research conductor, I recognize that my views impact the creation, execution, and reflection of this research.

Overwhelm impacts all of us. As members of a fast-paced society, we may often feel the need to “keep up” with current events. We may internalize a productivity culture that values efficiency so much that it encourages self-sacrifice. When operating at an unsustainable pace, productivity may increase in the short-term while jeopardizing both work and health in the future. When considering which subject matter to study, I noticed thoughts and behavior patterns in the form of skipping meals in order to complete work, rushing through activities, and feeling tense and hurried in my day-to-day life, even when I dedicated time to relaxation.

In addition to information overload, there was a heavy task load. I found myself overstimulated and burnt out, struggling to maintain basic needs. Entering college, I was a type-A anxious perfectionist experiencing high amounts of stress; it has been a long journey transitioning to a healthier approach to work and school supported by therapy, medication, and a shift in priorities. I still often struggle to manage my own expectations and follow through on the plans I make to support myself. Because of this, I intended to reduce my task load as well as reduce the amount of entertainment I was consuming to free up time and energy to fulfill my basic needs and increase my awareness.

Statement of the problem

Interpreting is stressful. Life is overwhelming. There is also a lack of literature exploring intentionality and attention management as a self-care practice. I hypothesized that if one tries to accomplish less with more focus on basic needs, they will be happier and healthier, and therefore a more effective interpreter. I was interested in noting and analyzing what kind of impact

decreasing daily stimuli would have on my mental and physical health. I hoped this study would decrease my stress and potentially be useful information for other interpreters, which may aid in counteracting the shortage of signed language interpreters (Dean & Pollard, 2001).

Theoretical framework

The conceptual framework most relevant to this study is the multidimensional theory of perfectionism. Hamachek (1978) has a strong conceptual framework for “how adaptive and maladaptive perfectionists may possess distinct cognitive and behavioral approaches to coping and stress” (as cited in Schwenke et al., 2013).

Hamachek (1978) finds that maladaptive perfectionists report higher anxiety, confusion, and emotional fatigue compared to the adaptive perfectionist, which is congruent with other research cited by Schwenke et al (2013). One thing consistent with all of the literature’s findings is that adaptive perfectionism makes the individual see problems as challenges, not as stressful endeavors, which leads to better outcomes.

LITERATURE REVIEW

This review highlights some of the relevant literature pertaining to the theory and impacts of physical and psychological aspects of interpreting. As well as information related to mindset, personality, perfectionism, and self-care in the interpreting field. The specific areas covered in this literature review include Occupational risk factors, Stress and Burnout, Perfectionism, Self-care and Coping, Mindfulness, and Habit formation.

Occupational risk factors

Signed language interpreters are at risk of physical ailments such as developing musculoskeletal disorders and repetitive strain injuries (RSIs) due to the requirement of prolonged use of the upper body, repeated motions, sustained postures, awkward positions, and forceful movements (Freeman & Rogers, 2010). Pain associated with RSIs is one reason service providers may be unable to perform the duties of their job. Freeman and Rogers surveyed Illinois interpreters and found that 38% of respondents experienced the most pain in the neck, back, and shoulders due to maintaining a standing or sitting posture for prolonged periods of time (2010). The other 62% reported pain in hands, wrists, and fingers (2010). The research recommends educating interpreters about applied ergonomics, including posture, employing warm-ups, exercises, taking breaks, using teams, and balancing work hours with life activities (Freeman & Rogers, 2010; Zenizo, 2013).

Interpreters are also at risk of experiencing psychological stressors such as vicarious trauma (VT) (Lai et. al., 2015). VT, as described by the American Counseling Association, is “emotional residue of exposure that counselors have from working with people as they are hearing their trauma stories and become witness to the pain, fear, terror that trauma survivors have endured” (ACA, n.d., as cited in Lai et. al., 2015, p. 2). VT is a common risk recognized in

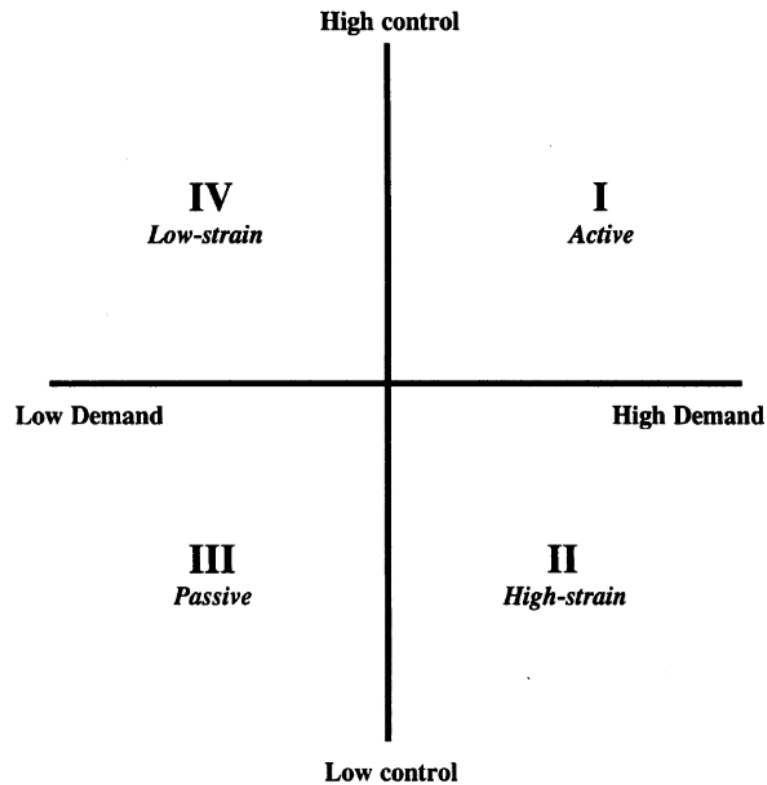
other service professions such as therapy and counseling; however, in situations where the client and counsellor do not share a common language, the interpreter present is also at risk (Lai et. al., 2015).

Lai et. al. (2015) discuss the frequency and severity of interpreting traumatic content, stating that impacts of VT may be cumulative. Out of 271 interpreters surveyed, 68% reported working with traumatic material at least one hour a week, while a third of respondents reported working with it 3.5-10 hours per week. When asked how long they felt the impact of the material, 78% stated that they continued to be affected by the material beyond the assignment where it occurred. New and seasoned interpreters alike report this distress, indicating that this risk does not go away with experience (2015). Alarmingly, ~21% report that the distress impacted the quality of their interpreting performance, though it is important to consider that this is underreported due to professional concerns (2015). About 40% said they would avoid jobs such as these in the future. Around 70% sought no outside assistance, citing “no need” more than any other reason. Those who did seek support were only 14% from therapists (2015). While this might suggest that interpreters are not fully aware of the impact VT has on them, greater awareness of controls for handling VT in the interpreting field is long overdue. Both of these risk factors, as well as many other demands, can increase stress levels and the risk of burnout.

Stress and burnout

Burnout can be described as “a psychological syndrome in response to chronic interpersonal stressors on the job” (Humphery, 2015 as cited in Maslach, Schaufeli, & Leiter, 2001, p. 399). Stress is the fuel to the fire of burnout; a breaking point is reached when a person operates past their capacity and is, as a result, unable to continue any more.

It is observed by researchers that stress is not an inevitable part of the interpreting profession; it instead “emerges from the interplay” between the individual worker and the assignment when there are inadequate controls to respond to demands (Dean & Pollard, 2013, pp. 69-70). A job that is deemed high-demand does not necessarily equate to a high-level of stress if the practitioner has adequate controls. This is illustrated with the decision latitude quadrant figure below. For example, a hypothetical legal interpreter deals with jargon and witnesses pain daily, however, this interpreter happened to go to law school and has a robust support system in place (active quadrant). Likewise, a simpler job interpreting a standard graduation event might be highly stressful for someone with severe stage fright (high strain quadrant). Therefore, “Conceptualizing one static level of demand for the occupation of sign language interpreting does not seem appropriate” (Dean & Pollard, 2001, p. 5). Stress impacts interpreters in a multitude of ways, all depending on the individual practitioner and their available resources.

Figure 1*Interactive dimensions of Demand-Control theory.*

Note. From “Interactive dimensions of Demand-Control Theory,” by Karasek, 1979, *Administrative Science Quarterly*, 24 (288). Copyright 1979 by Cornell University. As cited by Dean & Pollard, 2001.

Perfectionism

Literature defines perfectionism to be “broadly conceptualized as a personality style associated with a drive to achieve beyond a reasonable standard and accompanied by marked feelings of self-criticism” (Patterson et. al., 2021, p. 2). In the literature review from Schwenke et. al. (2013), the authors found that perfectionism was considered “unidimensional and wholly problematic” (p. 210). However, it is important to note that their research aligns with a multidimensional view of perfectionism; it is not wholly good or wholly bad. On one hand, maladaptive perfectionism is “associated with increased levels of perceived stress and thus, in

turn, with higher levels of burnout,” while, on the other hand, “adaptive perfectionism appears unrelated to burnout” (pp. 223, 225). Maladaptive perfectionists have a less healthy relationship with stress and less effective coping skills that may prolong states of burnout (Schwenke et. al., 2013, Patterson et. al., 2021). Bontempo (2014) found that interpreters with higher self-esteem (among other skills) are predicted to succeed in the profession. Maladaptive perfectionism is associated with lower levels of self-esteem (Patterson et. al., 2021). Interpreters with maladaptive perfectionistic traits may need to address these thought and behavior patterns to boost confidence and improve their fit for the field.

Patterson et. al. (2021) further found that maladaptive perfectionism makes people more susceptible to physical ailments like chronic fatigue, mental ailments such as depression and anxiety, and reduced self-esteem. When it comes to navigating these ailments, Flett and Hewitt (2002) assert that maladaptive perfectionists employ limited and ineffective coping strategies, including avoidance-focused resources that involve rumination, self-blame, and negative self-appraisal. However, it is a question whether coping strategies are ineffective or simply not given time to begin to have a positive effect. For example, one personal account mentions that “I have come to realize that mindfulness is indeed helping in my personal life, I was just expecting perfection before the practice could begin its change in me” (Chambers, 2020, p. 48).

Self-care and Coping

Self-care is an umbrella term for control strategies used to reduce stress and prevent burnout. There are lots of categories of self-care, including nutrition, rest, physical activity, mental health, and social needs. Zenizo (2013) reports that it is important for interpreters to adopt healthy self-care practices early on in their career; to become aware and proactive in caring

for one's own needs. Litvanchuk (2021) also notes that self-care as a preventative measure could be more effective than trying to use self-care strategies while in the throes of overwhelm.

However, the supportive role that agencies and other hiring entities could be providing cannot be ignored. When discussing vicarious trauma in the Interpreting profession, Lai et al. (2015) note that 70% of participants sought no outside assistance, only 14% sought professional therapy, more often than not citing "no need" as the reason. Therapy can support building healthy alternative coping mechanisms and reframing harmful mindsets (Litvanchuk, 2021).

Interpreters consider physiological self-care practices such as physical exercise (Zenizo, 2013) and bodywork (ex., massage) (Humphrey, 2015) as the primary method of self-care. Rest, nutrition, and stretching were also commonly considered self-care (Zenizo, 2013). While physical self-care strategies are plentiful, less attention has been put on mental health care.

In Zenizo's research, few responses related to the participants' own concerns about their mental health; under 2% of responses mentioned the psychological demands of interpreting (2013). Results from Lai et. al. mention "...very few of [the participants] sought support from the agencies that engaged them for the assignments or professional assistance from counselors or therapists" (2015, p. 13). This suggests that interpreters are not fully aware of the mental stressors prominent in the field and coping skills required to combat them. Additionally, they are without VT support from the larger structures that employ them.

Interpersonal approaches were the most commonly used form of mental self-care (Humphry, 2015). Talking with friends, family, or colleagues can reduce stress. Litvinchuk (2021) illuminates how "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” (p. 18). Therapy seems to be an underutilized form of self-care amongst interpreters. In the conclusion section, Litvinchuk mentions that although her results were not statistically significant, her perception was clear: “I did notice that I felt more overwhelmed and stressed when I did not prioritize self-care on a daily basis” (p. 41). The research shows that self-care has an undeniable impact on perceived level of stress.

Mindfulness

A great deal of attention is required for the task of interpreting. Being able to control where one puts their focus is essential to delegate energy effectively. Mindfulness is about awareness of the surroundings, one’s own inner world, and the ability to notice sensations and emotions. Mindfulness is a way to reduce cognitive load and improve performance for interpreters (Chambers, 2019). This concept has existed for a long time and has been adapted into Western culture as a beneficial practice to treat chronic pain and increase focus (Chambers, 2019). The cognitive load of interpreting is high. When distractions appear, they detract resources needed to perform the task of interpreting. Chambers found that when mindfulness increased, anxiety decreased, which coincided with reduced heart rate and blood pressure (2019). The benefits of mindfulness for interpreters are clear, as she noted that increased focus during interpreting was the most prominent effect (2019).

Habit formation

Habits are formed by doing a consistent action in a consistent context, and research shows that simple, actionable, and realistic habits are more sustainable (Gardner et. al., 2012). For example, setting the goal, “I will drink enough water every day,” is vague and untethered. A simple, actionable way to start this goal might be “I will drink a glass of water with breakfast.” Repeated action becomes more automatic and less effortful after approximately ten weeks

(Gardner et. al., 2012). This research also states that breaking old habits is more difficult than building a new one (Gardner et. al., 2012). Interestingly, the authors warn that “Variation may stave off boredom, but is effortful and depends on maintaining motivation, and is incompatible with development of automaticity” (Gardner et. al., 2012). If interpreters were informed about the science of habit formation, creating and maintaining practices of self-care may be easier, which could reduce the amount of effort required to perform the task(s).

METHODOLOGY

This autoethnographic (Poulos, 2021) study was created using mixed methods, with the analysis primarily based on the qualitative approach. Data was collected through a self-care app called Finch, a digital companion application that encourages users to set and complete goals, connect with others, and recognize accomplishments (Aquina & Yuan, 2026). Quantitative data was collected through the app and through a Google document.

As this is a single-subject action research project, it made sense to use a research framework that focuses on the researcher themselves developing through writing and reflection, also known as an autoethnography. Autoethnography is defined as “an autobiographical genre of academic writing that draws on and analyzes or interprets the lived experience of the author and connects researcher insights to self-identity, cultural rules and resources, communication practices, traditions, premises, symbols, rules, shared meanings, emotions, values, and larger social, cultural, and political issues” (Poulos, 2021).

Data was collected over a period of about six weeks during transitional academic times beginning March 1, 2026, and ending April 12th, 2026. Upon reviewing the timespan of the weeks, I realized they did not fall neatly into the calendar. As a result, each period of time will henceforth be referred to as “blocks” of time rather than “weeks.” Initially, I planned for four consistent weeks of data collection, but due to a collection inconsistency, fifth and sixth blocks were added. A visual representation of the time blocks may be found in the results section.

The Demand-Control Schema (DC-S) is a framework created by Karasek (1979) and adapted for use in interpreting by prominent researchers Robyn Dean and Robert Pollard (2001). This framework is used to categorise the various requirements of the job (demands) and the tools, skills, and actions available to address them (controls). The most prominent demand in this

case is the intrapersonal demand of distraction due to the device. Dean and Pollard describe intrapersonal demands as “that which is specific to the interpreter. Feelings/thoughts, physiological responses, and psychological distractions” (2013, p. 5). Common examples might be hunger, anxiety, or a persistent itch. Having awareness of intrapersonal demands allows the practitioner to respond with controls to address them, including the type of self-care actions to take (2013). In this example, the phone is a physical representation of a psychological distraction. The control used was tying the cell phone to a physical space (in a way, mimicking a landline) in order to detach from it physically and mentally. All project goals and their changes between blocks can be found in Appendix B.

The final question of my end-of-block reflections was considering, “What to take into next week, and what to change?” in which I reevaluated my goals for the upcoming block, allowing myself to remove, update, or add goals based on the rest of my reflection answers or lack thereof. A list of reflective questions can be found in Appendix B.

Participant

This action research study focused on myself, the researcher. It is pertinent to mention that I consider myself a perfectionist due to my background as a high-achieving, anxious student. In addition to being a student, I am also a fledgling interpreter with limited experience in the field. The experience discussed in this paper reflects that of the student interpreter perspective rather than that of a working professional.

Procedures

The main procedure for this project included a tracking system for two types of goals: project goals and app goals. The first relates to the handful of goals set for the data collection

period, via Google Docs. The second are all other goals set within the app that was utilized for this study, via Finch (Aquina & Yuan, 2026).

The demands of daily tasks were met with several controls via the Finch app (Aquina & Yuan, 2026). The app served as a reminder to practice self-care and a task list, and offered short, intentional breaks such as a breathing or meditation timer. App goals consist of daily self-care tasks the user sets or adds to the Finch app task list each day. App goals range from recurring simple daily tasks like brushing teeth to one-time high-priority work goals, and everything in between. The purpose of the app goals was primarily to organize and keep track of many daily tasks that would otherwise meld into a heavier mental load if, for lack of a better expression, they were just in my head. By keeping them as a list that can be checked, I was able to offload the mental energy of juggling demands, remembering what all needed to be done, and, equally important, to feel a sense of accomplishment once they were done.

There are also two types of reflections: weekly check-ins and daily check-ins. The first type of reflection happened at the end of a block as a review of the project goals' success. The second are check-ins performed multiple times daily, tracking mood, a brief journal entry, and my current physical experiences.

Goals

Project goals are the handful of goals related to intentionality. These were set at the beginning of each block, with the consideration that these were goals meant to be reflected on, revised, and updated at the end of each block. An example of a project goal would be *Phone Zone*, that is, creating a dedicated space for phone use and storage after its use. App goals, on the other hand, are a number of daily self-care tasks the user sets or adds to the Finch app task list each day. You may select any number of preset goals within the app or create your own. These

range from recurring simple daily tasks like brushing teeth to one-time high-priority work goals. Both types of goals were set with flexibility and intention in mind, so that they work with me and not against me. If a goal became too overwhelming or it was not prioritized, I permitted myself to let go of it for a period of time.

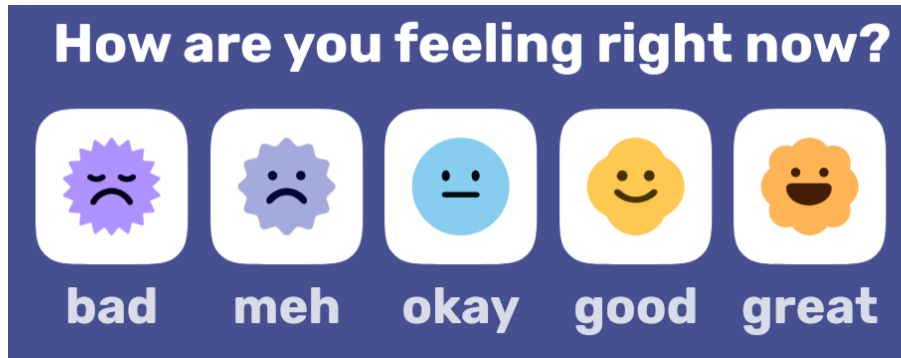
Reflections

At the end of each block of time, weekly reflections were conducted based on a handful of reflective questions tied to the project goals. As the focus of these questions was primarily to review the project goals, the control period of block one was not reflected on. Weekly reflections are a review of the previous block of time and a reevaluation for the upcoming block of time.

Check-ins were moments of mindfulness throughout the day using the Finch self-care app (Aquina & Yuan, 2026). The purpose of the daily check-ins was threefold: (1) tracking my daily mood, (2) journal entries to identify and elaborate on my current state, as well as being able to go back and make sense from a more timely, distant point of view, and (3) a reminder for a brief pause to notice the experiences happening in my body and breath. For example, during these brief snippets of my day, I would note down what I noticed, such as tension, restlessness, shallow breathing, and so on.

Data collection

A visual, color-coded calendar can be found in the results section. The first block (red) was a control period collecting data on the time of day, current mood, thoughts and feelings, and a moment of awareness of physical sensations. This usually consisted of a mood entry on a Likert-type scale of five (1 - Great, 2 - Good, 3 - Okay, 4 - Meh, and 5 - Bad), a scale already provided by the Finch app, as pictured below. Each entry contains a short paragraph explaining the factors that influenced the answer. Then, bullet-point notes from the moment of awareness.

Figure 2*Finch app mood scale icons.*

For the second block (orange), the same check-ins continued; however, a list of daily goals was added, and I began my experiment in earnest. In the third block (yellow), specifics were added to the goal descriptions for the sake of clarity for what constitutes completing a specific goal, especially if that goal was multifaceted. Entering the fourth block (green), this time coincided with the academic calendar of Spring break. As an exercise in intentionality, project goals and daily check-ins were put on hiatus. This decision to take a pause allowed an opportunity for a break as well as the experience of practicing letting goals go and returning with a fresh perspective. In the fifth block (blue), returning to both the academic term and to the structure of daily goals and check-ins was overwhelming. Keeping in mind the flexibility worked into the methodology, a sixth and final block (purple) was added in order to allow time to collect comparative data.

Data analysis

For the qualitative analysis, all daily journal and mood entries were compiled into one document alongside the weekly reflections, edited for clarity, then uploaded into two files using a free qualitative data analysis tool called Taguette (Rampin et. al, 2021). For both the check-in

and reflection datasets, a combination of closed and open coding was utilized (citation needed?). Closed coding used words already tagged within the Finch app that align with the data. Open coding for any additional categories based on observation.

The quantitative approach involved tallying, comparing, and analyzing the relationship between mood, time block, number of check-ins, and number of overall goals. For this, Excel sheets were used to document data and conceptualize charts, and Canva was used to design and produce visuals, shared in the results section.

Limitations of the study

Data was collected over approximately six weeks, including two time blocks without check-in data. One limitation was that data collection was not fully consistent in quantity or time gathered due to everyday inconsistencies. Data was not collected in exact weeks but rather in blocks of time between five and nine days, with reflections done towards the end of a block or the beginning of the next. These variances in time and date collected make it more difficult to observe objective changes. Due to the limited timeframe of this study, it is difficult to observe long-term benefits of research-based interventions. Another limitation was a plethora of uncontrolled variables related to lifestyle factors outside the constraints of this research. It is difficult to determine everything that factored into data collection and analysis, though great effort was made to consider and account for these variables.

Finally, the scope of this research is necessarily limited as self-care is an expansive topic in the field of interpreting. The effectiveness of specific self-care actions was not explored. The researcher is the only participant; therefore, findings may have limited applicability to the broader field. The information gathered is based on my personal experience and is not representative of all interpreters. However, implications may apply to others in similar positions,

and, as such, represent a valuable resource on a topic that has not yet been emphasized widely, especially for signed language interpreters.

RESULTS

This section presents the data and results of this self-guided and self-reported action research project that was completed across six weeks (March 1st - April 13th, 2026). The findings are based on mixed-methods research, providing a holistic interpretation of the gathered data. Below is a table describing the main themes identified as well as some of the emotions and sensations that occurred.

Table 1

Main themes and associated sensations

General Category	Emotion	Physical Pain	Self-Care Activities	Awareness	Avoidance
Emotions and/or Sensations	Anxiety Overwhelm Calm	Tension Tingling Hunger	Warmth Hurried Relaxed	Focus Presence Grounded	Exhaustion Guilt Shame Fear

As mentioned in the Methodology section, there were two types of goals: project goals and app goals or tasks. Below is a visual representation in the form of a monthly calendar of the six time blocks, each being approximately one week long. Each block is color-coded and contains the following details: (1) day and date of the month, (2) total daily goals, and total daily check-ins. The key describes (1) the block number, (2) the corresponding color, and (3) the general focus of the block. Reflection days are underlined next to the date, which occurred on March 17, March 21, April 6, and April 13. The total amount of daily tasks I assigned to myself was at its highest (40) in the first control block of the experiment and the lowest (22) in the final block. This data is further analyzed in Table 2 and Figure 6.

Figure 3

Monthly calendar of March and April 2026 with six color-coded time blocks.



Based on the cumulative daily check-ins, a word cloud (appendix A) was generated. The word with the highest number of occurrences was “tense” or “tension” with 81 cumulative mentions. The word “back” occurred in 62 instances, usually associated with pain in a certain area of the back. Besides the words “feel” (45), “time” (43), “cat” (33), and “phone” (31), all the other answers above 30 entries are body parts: “jaw” (45), eyes (41), “stomach” (39), “neck” (37).

Below is a table visualizing the total number of app goals and check-ins in each block. The first column labeled “Block” indicates the blocks of time one through six. The second column, “App goals” represents the total number of app goals set in that time. The third column, “Check-ins,” refers to the total number of check-ins completed within the time block.

The highest number is the first block with 283 goals and 30 check-ins. Block two had 226 goals and 23 check-ins. The third block was the shortest and had the lowest number of goals (165) and check-ins (14). Blocks four and five have 222 and 223 goals, respectively. Both blocks have zero check-ins, due to an intentional pause over Spring break in block four that carried on unintentionally into block five.

Table 2*Total app goals and check-ins per block*

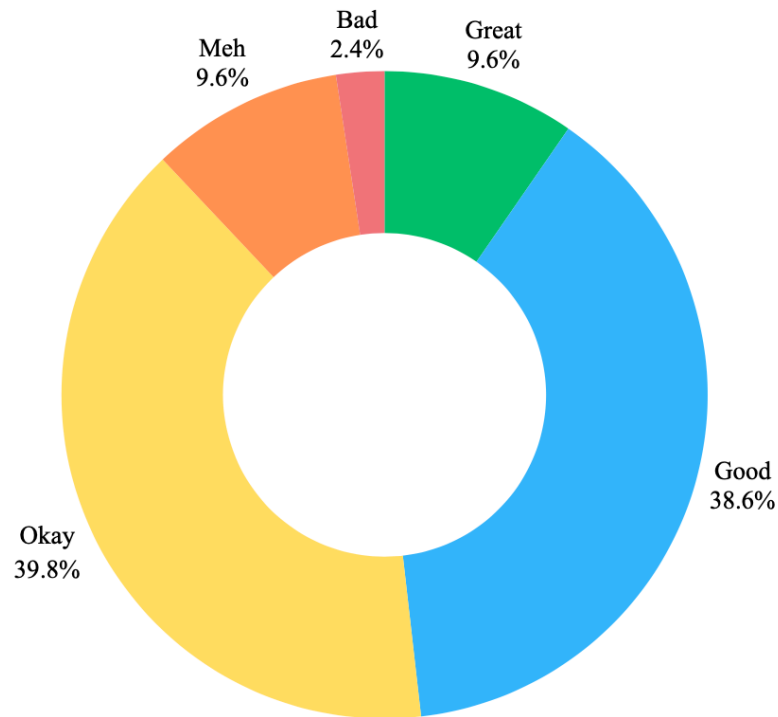
Block	App goals	Check-ins
Block 1	283	30
Block 2	226	23
Block 3	165	14
Block 4	222	0
Block 5	223	0
Block 6	193	16

Mood Tracking

Out of 83 check-in entries, the majority of responses were “okay” (33, 39.76%), “good” (32, 38.55%), “meh” (8, 9.64%), and “great” (8, 9.64%), which were tied with “bad” (2, 2.41%) being reported only twice. The overall breakdown of reported mood across all blocks is noted in the chart below.

Figure 4

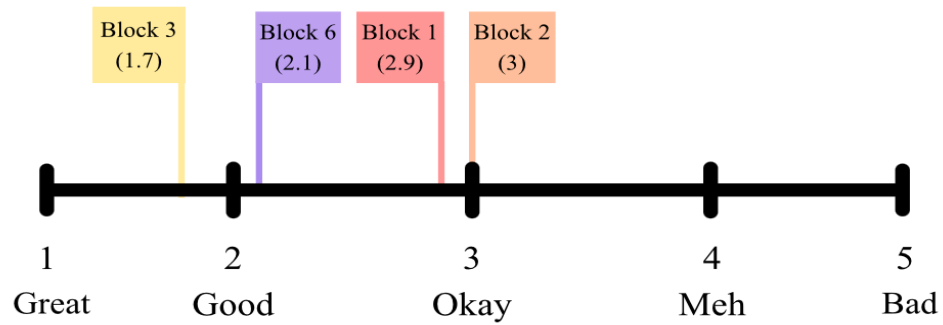
Overall breakdown of reported mood from check-ins.



Next, mood breakdown was further divided by time blocks. Blocks four and five were excluded due to a lack of check-in entries. The first block had the most total entries (31) with 1 “Great”; 11 “Good”; 13 “Okay”; 6 “Meh”; and 0 “Bad.” Block two (23 total) had 0 “Great”; 6 “Good”; 13 “Okay”; 2 “Meh”; and 2 “Bad.” Block three had the least check-ins (13 total), the highest response of 4 “Great”; 7 “Good”; 2 “Okay”; 0 “Meh”; 0 “Bad.” Finally, block six (16 total) had 3 “Great”; 8 “Good”; 5 “Okay”; 0 “Meh”; and 0 “Bad.”

Figure 5*Mood breakdown by time block*

Finally, to view the average mood across each block, the mood scores were compared against the Likert-scale one through five mood rating (one representing Great and five representing Bad). Block three was the highest at an average of 1.7. Block six ranked second place with an average of 2.1. Block one came in at 2.9. Block two had the lowest mood average, resting squarely in the middle at 3.

Figure 6*Average mood per block*

Results were extracted using both quantitative and qualitative analysis. Particular attention was paid to the time blocks and distribution of data collected. Results are examined in further detail in the discussion section below.

DISCUSSION

Immediate Highlights

Looking at the daily check-ins during the four time blocks, the earliest and clearest result was noticing some form of pain showing up during every check-in every day. While I have been working toward accepting my identity as someone with chronic pain, tracking it forced me to recognize that it truly is a demand present every day, all day. Additionally, I realized that the coping strategy of avoidance may be related to the experience of chronic pain.

There were strong emotions and pressure words connected to my goals for this project. A reflection from April 6 sums up what I had been feeling most of the time: “I felt guilty and judgemental and disappointed that I was not intentional with my project and that I fell behind on my projected progress,” providing evidence to confirm that a trait of maladaptive perfectionism is self-blame and self-criticism (Flett & Hewitt, 2002; Patterson, et. al., 2021). Furthermore, four quotes (blocks one through three) from the check-ins illustrate this, as noted in the table below. In contrast, the quote from block six indicates growth within my mindset towards productivity and satisfaction.

Table 3*Check-in quotes*

Block	Date	Mood	Quote
1	March 1	Okay	"I want to be done with homework but I've got more to do."
2	March 14	Okay	"I want to lay down. I need to do homework. I can't miss this event tonight."
2	March 15	Meh	"I need a break but I don't want to take one because I'm not finished with anything yet."
3	March 19	Good	"I had a moment where I checked in with myself and stated 'this is what wanting a break feels like' since I've actually been going for several hours now and making good progress."
6	April 11	Great	"...I am excited to get some progress on my AR (action research) even if it's just a wee bit"

The very first day of the control block was on March 1, with an "okay" mood scale score. I wrote that "I want to be done with homework but I've got more to do" illustrating a desire for a break alongside the pressure to remain productive. In another example, a mood score of "meh" was reported at the end of block two on March 15. A desire for rest is again expressed and suppressed due to a perceived pressure for productivity: "I need a break but I don't want to take one because I'm not finished with anything yet." This is an example of feeling the need to earn rest, and pushing through after I have recognized the need for a break, which aligns with the literature's assertion that undue pressure and self-criticism are common manifestations of maladaptive perfectionism (Patterson et. al., 2021).

Only a few days later, on March 19, the reported mood in a journal entry was "good" with a successful recognition of the need for a pause: "I had a moment where I checked in with myself and stated 'this is what wanting a break feels like' since I've actually been going for

several hours now and making good progress.” In this example, I was indeed able to recognize the need and take a break, but only after feeling like I had accomplished enough. Finally, towards the very end of the project with a mood score of “great” on April 11, “...I am excited to get some progress on my AR even if it's just a wee bit,” indicating that satisfaction with achieving less is a mindset able to be cultivated. This data partly answers the third research question: How can I manage perfectionism and move toward a healthier approach? It appears that reflective journaling is an effective strategy to track and recognize growth over time.

General trends

Two general trends emerged as I was completing the project: improved awareness of my daily activities and a fear of running out of time. The second research question was: How does intentionality impact my ability to be aware and present in the moment? Firstly, since I was doing one task at a time, my memory of the day had a clearer distinction between activities, as documented by entries like “I noticed that I could remember my days more clearly,” and “It seems a little easier to remember to relax.” As noted in the above section, I was able to recognize what wanting a break felt like. Second, I realized how rushed I am in daily life, illustrated by getting up and moving on to the next task, for example, even before I am done chewing my last bite of a meal. Additionally, it was easier to be mindful when I was actively checking in several times a day. This ensured that even if I engaged in a more negative coping mechanism (such as being “stuck” on social media i.e. doomscrolling), the journaling element made me recognize and take accountability for it. One incident required a pause to regulate; however, when I was running out of time, I felt I could not take those essential moments to calm myself. Also noteworthy, hunger and tiredness were two main physiological intrapersonal demands present throughout the project.

Occupational Risk Factors: Stress and Burnout

Freeman and Rogers (2010) and Zenizo (2013) have identified that occupational risk factors in the field of interpreting include physical injury such as repetitive strain injury, vicarious trauma, and stress and burnout. They also urge interpreters to be more intentional about self-care and educate themselves on the available support resources. Throughout this project, I have come to understand the risks associated with abstaining from self-care, as well as the benefits of performing it.

The very first research question of this study was: Does reducing daily stimuli improve my mood? An interesting finding regarding my mood from check-in data was found when looking at the average mood across all weeks. Specifically, my best moods were recorded during blocks three and six. During block three, I had the highest mood average and the least amount of app goals set, indicating that I was happier with fewer, more manageable and achievable goals. The second best mood occurring in block six may be attributed to the previous break from doing check-ins in combination with the reduced number of goals. In contrast, my worst moods occurred during blocks one and two, which, incidentally, had the highest amount of goals. Accompanied by the intense pressure from maladaptive perfectionism, a long list of goals can be overwhelming and paralyzing rather than encouraging.

Perfectionism

Perfectionism is a complex personality trait that can either support achievement (adaptive) or be detrimental to it (maladaptive) (Schwenke et. al., 2013; Patterson et. al., 2021). Flett and Hewitt assert that maladaptive perfectionists employ limited and ineffective coping strategies, including avoidance-focused resources that involve rumination, self-blame, and negative self-appraisal (2002). I relate to this. During the course of data collection, I employed

all these strategies and at times felt like I had insufficient tools. I have identified myself as a primarily maladaptive perfectionist because my desire for quality can disrupt my progress. In my experience, the mindset of coping through avoidance can be detrimental to progress.

Through the research and collection process, I became more and more aware of how this trait manifests for me personally. For me, perfectionism shows up as black-and-white thinking, extraneous pressure, and negative self-talk. These experiences align with the literature describing maladaptive perfectionistic traits (Schwenke et. al., 2013; Patterson et. al., 2021). Perfectionism showed up and made things complicated all throughout this process. I was concerned with the project being “good enough,” which led to an unrealistic expectation for the scope of the project and setting too many goals at one time. Over and over again, I would realize I was doing too much, overcomplicating it, and stressing myself out in the process. I would try to reduce the number of tasks and the pressure on myself to complete everything without a significant difference.

In setting my goals, I often try to reach unattainable heights. For example, for the “30 minutes of just being” goal, the weekly reflection helped me realize that this goal was too vague and I needed more structure. The reflection helped me modify this goal by defining what activities would be considered “just being.” While I found a way to manage this, it was interesting that even for a simple “just being” goal, the perfectionist in me needed to understand what that looked like. In that sense, perfectionism is not bad in itself, as clarifying this goal gave me direction and peace of mind. However, the insidiousness of maladaptive perfectionism is clear. Arguably, the third and final research question is the most challenging question of this study: How can I manage perfectionism and move toward a healthier approach? It appears that knowledge about the concept is essential in understanding the processes in play. It may be

helpful to increase awareness of how an individual's symptoms of perfectionism manifest, and then apply controls to mitigate. Slowly, with specific and consistent goals, working towards a shift in mindset towards more adaptive perfectionistic traits may be possible.

Self-Care and Coping

Self-care is a broad control strategy that has been shown to reduce mental and physical stress, which, in turn, reduces burnout, increasing retention in the field (Dean & Pollard, 2001). This project has indeed helped me be more aware and engage in self-care. Specific tasks that were successful were: taking short naps, taking breaks, dancing/shaking out my body, eating, petting my cat, therapy, socializing. I also noted a nap was really helpful when experiencing high anxiety, helping me refocus after a break. Finally, a habit that had organically developed was a presence habit of pausing when I heard the clock tower, specifically, taking in as many breaths as the hour indicated. This habit, though less closely tied to the project, was the easiest to maintain. This aligns with the literature on habit formation, stating how a repeated action with a specific trigger can become less effortful and more automatic over time (Gardner et. al., 2012).

On one hand, the act of mindfully noticing and naming my current physical experiences connected me to my body, a form of grounding I found helpful and illuminating. On the other hand, I was more aware of the negative physical experiences, as shown in this quote: "I feel like I am able to check in with my sensations a lot better now after noting the same tension and pain spots all day." Mindfulness helped me realize that I need to take my chronic pain from a musculoskeletal disorder (scoliosis) more seriously. This experience led me to seek further medical attention to address the chronic pain I have been living with.

Importantly, exercise and stretching were some primary and effective self-care acts for me, confirming the findings by Zenizo (2013) stating that exercise is the most frequently utilized

form of self-care alongside things like massage (Humphery, 2015). When I ignored my gym days, I would become more dysregulated. Ironically, I would be skipping exercise in order to have more time for this project, only for that to end up hurting my mental focus, and, with that, for my work to take significantly more time to complete.

Future research

An area for future research would be to design a more structurally rigid schedule, stay consistent in timing, and be intentional in the number of goals and check-ins. Ideally, an upgraded project like this would also include at least 10 participants to ensure a more objective analysis and trends. More attention could be given to the specific self-care tasks used, their effectiveness, and how effortful it was to complete. Additionally, the specific topics of multitasking and screen time deserve more focused academic attention.

CONCLUSION

Based on this project, three general recommendations have emerged. First, having a well-rounded experience of life is ideal for work-life balance, and taking regular breaks is important for overall performance and well-being. This is regularly supported by studies in various professions, and, as interpreters who can experience additional occupational demands, it should be a priority. Secondly, manageable checklists and regular check-ins are key in preserving a healthy mind. Not only do they reduce the mental load of keeping track, but they also help to recognize progress, no matter how small it may be. Finally, be flexible in approaching self-care, but be rigid in consistency.

Obviously, self-care is important as a person and as an interpreter. Many people struggle to set themselves up for success, then experience shame and disappointment when “failing” at a goal. My experiences during this project showed me that reflection and consciousness of your emotional and physical being are essential to being a successful, healthy interpreter. Lowering expectations and allowing yourself to do less will not only improve your overall experience of life, but it may also enable you to accomplish more than you otherwise would have when attempting to do everything. When a task feels overwhelming, less is more.

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APPENDIX B***Project goal shifts between blocks*****Block 1 goals**

Control period; no goals set.

Block 2 goals

1. Read 1 chapter first thing in the morning
2. 30 minutes a day of just being
3. Chores done without entertainment
4. Listen to a record rather than watching a video during meals
5. 15 minutes of embroidery before bed

Block 3 goals

1. 30 minutes a day of just being (time dedicated to awareness of my body, mind, and sensations. No media is allowed, nothing “productive” is allowed. Though activities may include: playing with my ESA cat, laying down, meditation, mindful eating, taking a walk, driving in silence?)
2. Chores done without media (laundry, dishes, short drives, showers, brushing teeth)
3. Meals (not including protein shake or mindless snacking) to be eaten either outside or while listening to a record.
4. 4. When at home, the phone stays on a stand (currently in clear view in my bedroom across the way from my bed). Any activity on the phone is done while in the phone zone.

Block 4 goals

1. 30 minutes a day of just being (time dedicated to awareness of my body, mind, and sensations.) No media is allowed, nothing “productive” is allowed. Activities may

include: playing with my ESA cat, laying down, meditation, mindful eating, taking a walk, driving in silence) I will practice presence as much as I can, using bells/notifications/and checking the time as cues to check in

2. Chores done without media (laundry, dishes, short drives, showers, brushing teeth) I will be a lot looser with this, opting for intention to use entertainment rather than refrain
3. Meals (not including protein shake or mindless snacking) to be eaten either outside or while listening to a record.
4. When at home, the phone stays on a stand (currently in clear view in my bedroom across the way from my bed). Any activity on the phone is done while in the phone zone. I will adhere to this while remaining flexible if I need it for something - and when I am out of the house I will try not to mindlessly check it.

Block 5

1. Instead of 30 minutes a day of just being consecutively, I will commit to more moments of presence throughout the day with times to pause and recenter my awareness. I noticed I was doing that a lot more these last two weeks anyway and I find it hard to time block when I am already such a busy bee.
2. Chores done without media (laundry, dishes, short drives, showers, brushing teeth).
Gonna be looser with this one because I think I can afford a little more enjoyment in my day and boost to get the boring things done. My goal instead might be to pick music within 2 minutes
3. Meals (not including protein shake or mindless snacking) to be eaten either outside or while listening to a record.

4. When at home, the phone stays on a stand (currently in clear view in my bedroom across the way from my bed). Any activity on the phone is done while in the phone zone.
5. NEW GOAL try a somatic practice to release emotion: Push against a wall/butterfly taps

Reflective question list

- What contributed to completing/not completing goals?
- How did you feel?
- Reflect on the progress toward this goal (I am proud that...)
- How did this practice impact your state of being?
- What did you notice about your goals?
- What to take into next week, and what to change?