PHD FELLOWSHIP FUNDAMENTAL RESEARCH
PROJECT OUTLINE (MAX. 10 A4 pages)

Changes to previous project proposal

Building on the positive assessment of my previous submission and reviewer feedback, I have refined the proposal's conceptual and methodological framework. My research experience over the past year also helped to strengthen the project's feasibility.

First and foremost, addressing the reviewers' concerns about the study's perceived narrow applicability, the **revised proposal clarifies this research's potential impact within linguistics and related fields**. It demonstrates how insights into trauma language and interpreter experiences extend beyond the interpreting context to core linguistic research areas, including discourse analysis, pragmatics, psycho- and sociolinguistics, and language and emotion studies. The **contextual framework (see Section 1.1) highlights the project's relevance within interpreting studies**, positioning it at the intersection of critical contemporary concerns: mental health, interpreters' well-being and interpreting quality. **By examining how language and emotion interact in high-stakes communicative settings, the project contributes to a deeper understanding of the linguistic dimensions of trauma-informed communication.**

To address concerns regarding the duration of the literature review phase in the first work package (WP1), I have revised the timeline to mitigate this issue. That WP, which was initially a separate six-month phase, has now been excluded from the timeline. Nevertheless, I will **dedicate the entire project duration to maintaining current knowledge of advancements** in the field, ensuring that my research efforts contribute meaningfully to the state of the art. In response to reviewers' advice, the **methodology now incorporates heart rate variability measurements for stress monitoring. The participant sample, recalculated through statistical analysis** (cf. Section 3.3), **has been increased from 10 to 45**, improving representativeness. I have also provided more details on the **training program's content**. The **time commitment expected from the participants** has also been clarified (cf. Section 3.3).

To further strengthen feasibility and alignment with the panel's scope, **I focused linguistic analysis on English, French, and Dutch**, enabling more precise observations and conclusions. English and French build on existing research (cf. Section 1), while Dutch introduces a new dimension, explored through a pilot study, already being carried out. This pilot serves two purposes: (1) **validating the linguistic analysis protocol for audio diaries** which will be systematically applied throughout my PhD project and (2) **identifying a comprehensive list of potentially relevant Dutch markers for further investigation**. Although still in its early stages, the pilot study – approved by the Ethics Committee of Human Sciences (ECHW) of Vrije Universiteit Brussel (code: ECHW_570-PilotStudy1) – and the broader PhD project **have already attracted interest from societal actors and leading scholars**, including Dr. Miranda Lai, a key reference in this proposal. Lastly, **I refined the research questions and objectives to further strengthen the study's linguistic focus.**

1. Rationale and positioning with regard to the state-of-the-art

Despite growing awareness of vicarious traumatization (VT) in recent years, **considerable knowledge and methodological gaps remain in interpreting studies**, particularly regarding how (vicarious) trauma affects interpreters from a linguistic perspective. This study addresses these gaps by examining the complex interrelation between VT, language production, and interpreting strategies using a novel, multidisciplinary approach integrating linguistic analysis, fieldwork, and psychophysiological measures. The relationship between trauma, interpreters' mental health and language is an area of growing scientific interest, as reflected in the increasing volume of recent research. Positioned within emerging psycholinguistic studies, this project capitalizes on new opportunities to investigate trauma-related linguistic experiences. By advancing knowledge in this field in an innovative way (see Section 1.1), it has the potential to make a landmark contribution,

significantly deepening our **understanding of how trauma shapes linguistic expression and interpreting processes**.

1.1 How emotion affects language: characteristics of trauma language

Language can signal emotional distress and potentially psychological disorders and trauma (Naimi, 2022; Gayraud & Auxéméry, 2022). This dual function – **how emotion, in particular trauma, interrelates with language— is well established**. Scholars have observed how psychological trauma and related conditions cause "dysfunction in speech production […]" (Naimi, 2022, p. 5). Trauma-affected speech presents specific **(para)linguistic and structural characteristics** (such as long silent pauses; cf. Table 1) – hereafter **trauma language** – indicative of a (post-)traumatic "psycholinguistic syndrome" (Gayraud & Auxéméry, 2022, p. 210; Naimi, 2022). Research shows **that studying these traits provides valuable tools** for diagnosing, understanding and predicting conditions like PTSD more efficiently (Gayraud & Auxéméry, 2022; Naimi, 2022). Supporting this, French psychiatrists Gayraud and Auxéméry (2022, p. 196) concluded that linguistic analysis is a more effective and objective tool than self-reports and the analysis of the symptoms described in the DSM-5 to assess PTSD and its severity.

To this end, Gayraud and Auxéméry (2022) developed the SPLIT-10 scale, a validated 10-item diagnostic tool for PTSD based on trauma-related speech patterns, with each item reflecting DSM-5 symptom categories. The scale includes: "**[lexicon] concerning death, body parts, and unreality; verbs of perception, movement, or body position; spatial context including the mention of distances; generic pronouns; mention of the time and duration of the event; incomplete utterances; contiguous repetitions; comparisons and metaphor**" (Gayraud & Auxéméry, 2022, p. 201). As the authors propose adding new items, and since this study focuses on VT in interpreters rather than merely adapting SPLIT-10, additional elements will be incorporated. These include **use of first-person singular pronouns** (Kleim et al., 2018), **cognitive processing and negative emotion words** (Kleim et al., 2018; Naimi, 2022), **non-contiguous repetitions** —repeated elements separated by other 'text' (Gayraud & Auxéméry, 2022)— as well as **speech fillers, tense shifts, and paralinguistic markers like "pauses, hesitation cries, or complete silence"** (Naimi, 2022). As was mentioned in the section addressing changes to the previous proposal, the pilot study in this project will already refine potential markers and strengthen the protocol for discourse and linguistic analysis.

1.2 Interpreting, vicarious trauma, and language: addressing knowledge and methodological gaps

Despite the growing recognition of vicarious (or secondary/tertiary) trauma (VT), a clear definition has yet to be established in the *Diagnostic and Statistical Manual of Mental Disorders* or DSM (American Psychiatric Association, 2013). However, its **fifth edition (DSM-5) does recognize indirect exposure to traumatic details** – whether in professional or familial settings (see Criteria 4 and 3) – as a diagnostic criterion for PTSD, specifically bringing up police officers exposed to child abuse details (American Psychiatric Association, 2013, p. 271). Prolonged exposure to someone else's trauma may lead to VT (Ruglas & Kendall-Tackett, 2015; Kindermann et al., 2017), which manifests with symptoms typically associated with **PTSD and/or burnout** and may negatively alter beliefs and worldview (Kindermann et al., 2017). Hydon et al. (2015, p. 321) reinforce this, noting that "symptom clusters described in STS [Secondary Traumatic Stress] overlap with those in the criteria for PTSD", indicating that VT is thus a **form of psychological traumatization comparable to primary trauma**.

Yet **despite these parallels, VT remains misunderstood – or rather, misinterpreted – and under-addressed**, particularly in interpreters who actively channel survivors' experiences, often recounting them in the first person, thus being in a position of particular vulnerability and being at higher risk of experiencing VT severely (Lai & Costello, 2021; Valero-Garcés, 2015). While psychology, psychiatry, and psycholinguistics have begun to examine how disorders such as

depression and PTSD manifest in language (e.g., Kleim et al., 2018; Gayraud & Auxéméry, 2022), the **specific impact of VT on linguistic production remains virtually unexplored**.

This project addresses this gap by **examining the linguistic dimensions of VT in interpreters**. Building on research into trauma language (Kleim et al., 2018) – language marked by specific features and disfluencies resulting from trauma's effect on psychophysiological processes (Gayraud & Auxéméry, 2022; Naimi, 2022; cf. Section 1.1 – it employs a **novel methodological approach incorporating audio diaries, linguistic analysis, fieldwork, and heart rate variability (HRV) monitoring**. In doing so, it shifts from a primarily observational reliance on questionnaires, interviews, and literature reviews (e.g., Lai & Heydon, 2015; Kindermann et al., 2017; Lor, 2012; Valero-Garcés, 2015) to a **more elaborated scientific framework** capable of yielding deeper insights into this understudied issue.

Data from the Flemish *Agentschap Integratie en Inburgering* (Agency for Integration and Inclusion, or AgII) highlight the issue's **urgency**: over 78,000 public service interpreter (PSI) requests were processed last year, including 23,000 in welfare and family contexts, 17,000 in public services, 12,000 in healthcare, and 9,000 in integration and asylum reception. *SeTIS*, Brussels' leading provider of French-speaking PSIs, handled over 35,000 requests in 2024, mainly in asylum, social work, and mental health. *SeTIS* representatives report that interpreters frequently encounter distressing topics, leading to psychological strain. These claims, alongside established research (Valero-Garcés, 2015; Lai & Costello, 2021; Lai & Heydon, 2015; Kindermann et al., 2017), underscore **the need for research prioritizing interpreters' well-being and mental health support**.

Encouragingly, healthy and positive coping strategies significantly mitigate VT, fostering resilience. These extend beyond personal methods to professional (paralinguistic) strategies, specifically during interpreting. However, while this study focuses on interpreters, **its implications are transferable to other high-stress professions** like psychotherapy, social work, or crisis intervention. In fact, strategies such as **un-mirroring** (QPASTT, 2016) and **internal checks and breaks** (Lor, 2012) have broader applicability and may be implemented in diverse contexts beyond the professional realm of interpreting.

2. Scientific research objectives

This study aims to **fill the knowledge and methodological gaps** related to VT and its linguistic implications in PSIs by focusing on **three main scientific research objectives**.

2.1 RO1: Impact of vicarious trauma on (para)linguistic output and interpreting performance in terms of interpreting strategies

Q1a: How does vicarious trauma affect linguistic output in speech production?

Q1b: To what extent do interpreters exhibit paralinguistic markers of psychological distress when rendering traumatic narratives?

Motivation for the research questions and hypotheses: As already mentioned in the previous section, interpreters are prone to VT. **Research question Q1a** will investigate how VT affects the linguistic output of interpreters. This question builds on previous research indicating that it is possible to identify clear signs of psychological conditions and/or trauma by analyzing an individual's speech in search for certain (para)linguistic and structural elements, as mentioned in Section 1.1 (cf. Naimi, 2022; Gayraud & Auxéméry, 2022; Kleim et al., 2018). Based on these studies, I hypothesize that if interpreters are affected by this condition, the signs of psychological trauma and emotional pain will be visible through specific (para)linguistic and structural markers (or variables, listed in Section 3.1, cf. Table 1). From a purely linguistic perspective, **Q1b** explores once again the intricate relationship between trauma and language production, in this case **extending beyond general communication (cf. RO1) into the more technical domain of interpreting**. Somewhat complementarily to what I hypothesize for natural speech (cf. Q1a), in interpreting, this very relationship could manifest in the **transmission of paralinguistic markers of emotional**

distress through the interpreted 'text'. In interpretation, these may not solely stem from linguistic processing difficulties within the translational activity, but could rather indicate an interpreter's emotional response to disturbing content. For instance, specific paralinguistic features such as long pauses instead of hesitations might reflect the emotional impact of interpreting highly sensitive content. To clarify this example: where hesitations such as 'um' or 'huh' are usually connected to lexical retrieval and therefore might not be indicative of affective dysregulation, silence may reflect psychological resistance to engaging with traumatic material rather than a mere search for terminological equivalence (Gayraud & Auxéméry, 2022). Thus, I expect to find that **emotional disruption – namely stress, discomfort, or trauma – may manifest in the interpreters' behavior**, leading to (involuntary) reactions that reflect on specific (para)linguistic markers, namely: **crying, sobbing, long pauses of silence, voice pitch fluctuations, vocal tremors, false starts, switch to third-person interpreting, (un)mirroring, breaches in neutrality.**

2.2 RO2: Impact of interpreting traumatic narratives on interpreters' perception of their own performance quality (self-perception)

Q2: How does interpreting traumatic narratives affect interpreters' perception of their own performance quality (self-perception or self-assessment)?

Motivation for the research question and hypotheses: Based on self-reported measures, Lai and Heydon (2015) have observed that strong emotional distress and VT may negatively affect interpreters' performance[1], thereby impacting the quality of the interpretation. Similarly, studies have shown that during distressing sessions, interpreters may have difficulty following "the principle of impartiality and professional distance" due to factors such as empathy for the client or having to deal with a situation that conflicts with the interpreter's values (Valero-Garcés, 2015, pp. 94–95 citing Svakova, 2011). Therefore, **question Q2** aims to explore the established impact of trauma on executive functions, cognitive abilities, and self-perception. I hypothesize that when interpreters work with traumatic or highly distressing material, the stress they experience will influence their interpreting strategies and, as a result, affect their self-perception. Furthermore, since working with trauma can cause interpreters to question their professional identity and role (Lor, 2012), lower their self-esteem, and even lead to feelings of (survivor) guilt (Rao, 2023; Lai & Heydon, 2015), I anticipate that traumatic exposure will have a noticeable negative impact on how interpreters perceive their interpreting performance.

2.3 RO3: Impact of training on coping strategies implementation, interpreting performance, and self-perception

Q3a: How does training impact interpreters' management of traumatic content, particularly in terms of the interpreting (para)linguistic strategies they employ?

Q3b: How does the effective management of traumatic content, emotional distancing, and resilience influence their interpreting-related self-perception?

Motivation for the research questions and hypotheses: Previous studies have already discussed the important role that awareness and specialized training play on resilience and on minimizing the risks of being severely affected by dealing with traumatic content (Crezee, 2015; Lor, 2012; Rao, 2023). Specifically, implementing interpreting (para)linguistic and interactional strategies (listed in Section 3.1, Point F) that promote emotional distance from the situation (e.g., third-person interpreting or un-mirroring – Lai & Costello, 2021; QPASTT, 2016 citing Rothschild, 2006) are supposed to significantly improve the interpreter's capacity to handle distressing narratives and thereby enhance performance, an aspect that will be evaluated within the first research objective as well. Based on these observations, I hypothesize that training will have a significant impact on interpreters' management of traumatic content (**Q3a**), particularly in terms of the interpreting

[1] This phenomenon was mentioned by Naimi (2022) as well.

strategies they employ, leading to an improvement in their interpreting-related self-perception (**Q3b**). Furthermore, from an **interactional and functional perspective**, I hypothesize that the systematic implementation of positive coping strategies during the interpreting task will have measurable effects on interpreting quality: **better management of traumatic content should correlate with improved performance outcomes** (such as adherence to ethical guidelines and an absence of emotional breakdowns which would otherwise be expected – cf. Valero-Garcés, 2015) and, consequently, an improvement in self-perception. From a **linguistic perspective**, I hypothesize that training interpreters to implement strategies will promote emotional distance and foster resilience, which in turn will manifest in their speech patterns through two primary indicators: **the absence of trauma markers in autonomous speech** (cf. Q1a) **and reduced occurrence of paralinguistic markers of distress when interpreting traumatic discourse** (cf. Q1b).

3. Research methodology and work plan

To address the research questions and **provide empirical evidence of the relationship between emotion and language in vicarious trauma (VT) among interpreters**, this proposal employs a **multi-method approach** (see Section 3.1) combining qualitative and quantitative data collection and analysis. By triangulating findings, the study ensures methodological rigor, validity, and a comprehensive understanding of the phenomena under investigation—ultimately contributing to a new theoretical framework for interpreting scholars, researchers, and practitioners.

Crucially, **data from each method will be integrated and analyzed collectively** (see Figure 1), enabling the derivation of specific, robust conclusions and **reinforcing the study's feasibility**. Furthermore, by repeating certain procedures before and after the training phase, the design establishes a **'methodological loop'** (see Figure 1), allowing for thorough validation of findings and deeper insights into how VT manifests linguistically and emotionally in high-stakes interpreting contexts. Section 3.1 provides a comprehensive overview of the methods that will be employed in this study, while Section 3.2 outlines the corresponding work plan in detail.

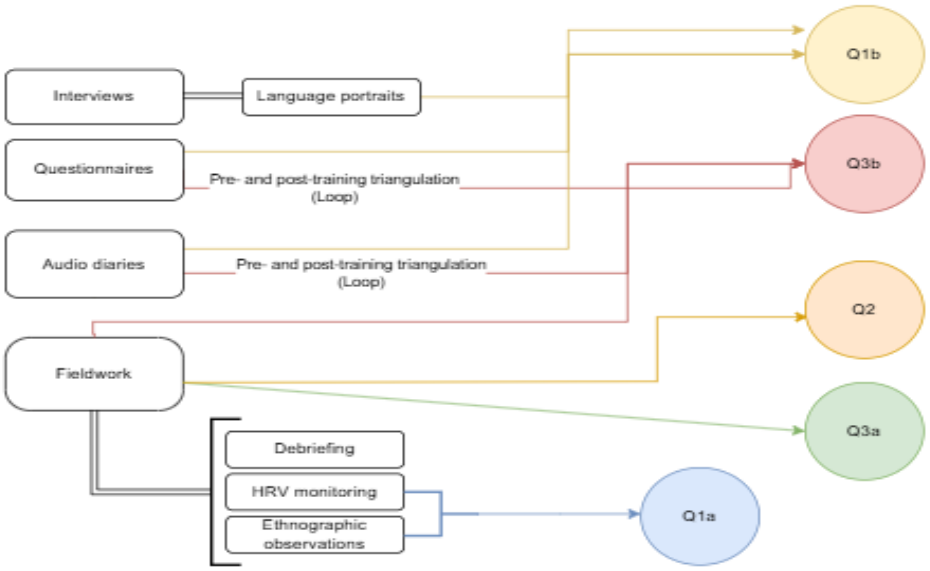

Figure 1 – Data collection methods

3.1 Methods

A) Interviews and language portraits (WP2 and WP4, cf. Table 2) will mostly provide information about life experiences, risk and resilience factors for VT, work ethics, methods, and experience, and 'linguistic identity' through language portraits (or portrayals – Busch, 2006). Using language portraits will allow participants to reflect on their emotional processing across their

linguistic repertoires, which is of particular relevance in a study of language and emotion (specifically trauma). These methods will offer key insights into participants' identities and serve as the baseline for all research objectives (**RO1, RO2, RO3**).

B) Questionnaires, including validated psychological assessment scales (WP2 and WP4) such as the Questionnaire for Secondary Traumatization (FST, Kindermann et al., 2017 citing Weitkamp et al., 2014), will assess interpreters' mental health at the study's beginning and end. These questionnaires are essential for **comparing (para)linguistic findings with psychometric results**. Specifically, this comparison will help identify the presence of relevant linguistic markers (if elevated scores on VT items are present) for **Q1a** as well as the relationship between resilience or emotional distancing and the more effective management of traumatic content in interpreting (**Q3b**). The main goal is to triangulate these results with the data collected through other methods, to see whether linguistic markers or other elements (cf. Section 2) I observe can ultimately be reconducted to emotional distress or even well-being.

C) Audio diaries (WP2 and WP4) are an innovative method in interpreting studies. In this context, they allow participants to provide data in complete autonomy, without direct researcher prompting. Specifically, the interpreters will be invited to produce audio diaries (possibly bi/weekly, with no length limits, recorded with any device in their possession as long as the audio is clear), discussing their feelings and experiences related to specific interpreting sessions and general disposition. These will be analyzed through an integrated approach combining **narrative and linguistic analysis** to look for specific (para)linguistic and structural markers of trauma (or variables, see Table 1). The analysis will focus on both **quantitative differences** (frequency and intensity) and **qualitative variations** (types of markers and their manifestations across languages). The audio diaries will be then transcribed using the **Jefferson Transcription System (1974) to capture paralinguistic features**, enabling **narrative analysis**. The transcripts will then be segmented into **distinct discourse units (propositions)** and linguistically analyzed[2]. As a **control sample**, the participants will be asked to provide audio diaries on (possibly interpreting-related) non-traumatic experiences. Audio diaries will allow me to answer questions **Q1a** and **Q3b** (see Figure 1).

NON-LANGUAGE-SPECIFIC MARKERS N.B. These markers are valid across different languages (specifically English and French)
Linguistic
Death-related words >> The speaker mentions the lexical field of death
First person singular >> Preponderant use of first person singular ("I")
Lexicon related to spatio-temporal context >> Focus on unusual spatial details, exact configuration of places; temporal hyperprecision or indefinite timeframes
Sensory or perception-related lexicon >> Verbs such as "to hear" or sensory words (e.g., "*gloopy taste* of fear"; Naimi, 2022, p. 14)
(Intense) negative emotion words
Cognitive distortions >> Elements like overgeneralizations, negative cognitions about self and the world, self-blame, or black-or-white thinking
Cognitive processing words >> Diminished use of cognitive processing words such as "because" or "ought"
Lexicon related to body (parts), body movements, and body position
Unreality >> The speaker uses a vocabulary that conjures a sense of the surreal
Metaphors and comparisons
Use of present tense >> Abrupt shift between past and present tense
Structural
Contiguous repetitions >> The speaker uses the same word or phrase repeatedly in a row (e.g., "We secured the area of *the* the vehicle *that was that was* broken down"; Gayraud & Auxéméry, 2022, p. 204)
Non-contiguous repetitions >> Repeated use of the same word or phrase, separated by other elements of discourse
Dysfluencies ➢ Incomplete words or utterances (e.g., "It's inevitable that you/"; Gayraud & Auxéméry, 2022, p. 204)

[2] The narrative/linguistic analysis protocol, along with the correlation analysis between linguistic features, control samples, and questionnaire results, will be tested during my currently ongoing pilot study.

➢ False starts the initial part of a word is articulated, but then cut off. (e.g., "They sh_ they shot"; Gayraud & Auxéméry, 2022, p. 200)
Fragmentation >> Specifically, incoherence and disjointedness (e.g., "He I was go brought over"; Naimi, 2022, p. 11)
Paralinguistic
Silent pauses
Cries
FRENCH-SPECIFIC MARKERS
Generic pronouns >> Preponderant use of generic pronouns ("on", "tu", "vous")

Table 1 – (Para)linguistic and structural markers under investigation

D) Fieldwork, including ethnographic observations and debriefing (WP2 and WP4). This combination of methods will provide an objective outlook on the interpreting sessions, allowing for individual discussions with the interpreters regarding their choices and certain events. Conducting **passive ethnographic observations** – which means I would be present during the interpreting sessions and observe and record how they unfold[3] – is preferable to relying solely on the interpreters' memory to address specific questions (i.e., through interviews). This is especially important as memory which is impacted by trauma can be unreliable, leading to potential confusion or inaccuracies in the recollection of events (Naimi, 2022 citing Streeck-Fischer & van der Kolk, 2000). These observations will offer precise insights into how interpreters handle distressing narratives and work under normal circumstances. They will also illuminate interpreting strategies and language use in mediated interactions, central to **Q1a and Q3a**. Observations will be paired with debriefing sessions: after each assignment, where feasible, interpreters will participate in **short debriefing sessions (structured interviews)** focusing on specific strategies. These will offer insights into interpreting choices, discourse strategies (**Q1b**, **Q3a**), and self-perception (**Q2, Q3b**). A **conversation analysis-informed approach** drawing upon Cox & Li's work (2020), **combining conversation analysis with ethnographic techniques (including fieldnotes)**, will be used to assess the encounter's content and context, examining non-verbal language, pauses, voice changes, paralinguistic cues, and interpreting strategies. **Thematic analysis** will be conducted on debriefing interviews.

E) Heart rate variability (HRV) monitoring (WP2 and WP4), recommended by the reviewers in response to my previous application, offers, in this context, an innovative means to assess interpreters' physiological responses to traumatic narratives. In general, HRV offers more objective insights into stress levels than self-reported measures. In relation to **Q2**, HRV will serve as a correlate for perceived performance. Comparing HRV data with self-reported performance assessments provided during debriefing could later on reveal whether lower HRV (indicative of stress) correlates with positive self-perception variations. Additionally, tracking HRV will help identify patterns (e.g., increased stress prompting coping strategies like breaks, switching to third-person interpreting, or adjusting speech pace; lower stress correlating with positive strategies), thereby addressing **Q3a/b**. Through accurate triangulation of physiological measurements, paralinguistic markers, and narrative content, HRV can complement fieldwork observations, strengthening the claim that paralinguistic changes during trauma interpretation stem from emotional distress (**Q1b**). Triangulation (WP5) will be conducted using ELAN software, which enables data comparison by creating separate layers for each dataset (e.g., interpreting session recordings and HRV). HRV will be monitored via a wristband.

F) Training (WP3). Half of the participants will receive VT-specific training, while a **control group**[4] (randomly selected from the full sample and meeting the inclusion criterion of not having ever received VT training, cf. Section 3.3) will not, to evaluate the impact of training on the application of interpreting strategies in 'real-life' settings (**Q3a/b**). To ensure its functionality, the

[3] Please note that ethical approval will be requested.

[4] After the completion of data collection and the training-related phase of data analysis, the training will be made accessible to the control group as well.

training program will be finalized with a professor of interpreting and a professor of psychiatry and expert in psychotrauma as part of my mobility plans. Because training increases the likelihood of observing resilience (cf. Section 2.3, motivation and hypotheses), it will also serve as an **eliciting tool** designed to observe the impact of positive strategies aimed at fostering **emotional distancing, effective content management and interpreting-related self-perception** (**Q3a/b**). The **training program** will be practice-oriented and will combine a short **theoretical module** (covering VT and evidence-based coping strategies) and **practical sessions** involving role-play and discussions to reinforce interpreting-specific strategies aimed at creating emotional distance, namely: **third-person interpreting, un-mirroring, (de)briefing, internal checks and breaks, controlled breathing and deep breathing**. Inspired by methods for first responders, these modules' goal is to help interpreters develop automatic responses that allow them to stay focused and grounded in high-stress situations. Drawing from my experience as a teacher of interpreting for intercultural mediators and community/public service interpreters, I will deliver the training, together with Prof. Salaets and Prof. Smid, and in close collaboration with our contacts from the partner organizations.

3.2 Work plan

WORK PACKAGE (WP)	PERIOD															
	YEAR 1				YEAR 2				YEAR 3				YEAR 4			
[1] = Mobility[5] at KUL [2] = Mobility at UvH D = Deliverable	M1 – M6		M6 – M12		M12 – M18		M24 – M30		M30 – M36		M36 – M42		M42 – M48		M48 – M54	
WP1: Training program design & selection of control group			[1]													
WP2: First assessment & pre-training data collection and preliminary analysis				[2]	D1											
- T2.1: Recruitment of participants via partner organizations - T2.2: Pre-training questionnaires, interviews with language portraits, audio diaries - T2.3: Fieldwork (including debriefing and HRV monitoring) - T2.4 Intermediate (pre-training) data analysis **Deliverable 1 (D1)**: *Findings on the impact of vicarious trauma on linguistic output and interpreting performance in terms of interpreting strategies (Q1a/b)*																
WP3: Training provision																
WP4: Final assessment & post-training data collection and preliminary analysis										D2						
- T4.1: Fieldwork (evaluation of coping strategies, debriefing, HRV monitoring) - T4.2: Audio diaries and questionnaires (Q3b) - T4.2: Intermediate (post-training) data analysis - T4.3: Interviews & study debriefing **Deliverable 2 (D2)**: *Findings on coping strategies and interpreting performance;*																
WP5: Data analysis														D3		
- T5.1: Comparison of the different types of data (triangulation), both pre- and post-training, used to address each research question - T5.2: Evaluation of the results - T5.3: Summary of findings and concluding remarks **Deliverable(s) 3 (D3)**: *Final results on how VT impacts linguistic output and findings on the use of linguistic analysis to assess emotional states; evaluation of training efficacy and coping strategies impact on interpreting performance and self-perception [Q3a/b]*																
WP6: Dissemination, scientific outreach, publications																
WP7: Training of control group (optional for participants)																

[5] Although mobility plans are limited to specific periods in the work plan, continuous collaboration with Prof. Salaets and Prof. Smid is crucial for key activities, such as training and data analysis, and will continue beyond the mobility period to ensure research continuity.

WP8: Dissertation & defense																

Table 2 – Work plan

3.3 Research sample and recruitment

This study will focus on a **minimum of 45 interpreters (PSIs specifically) working in sensitive or high risk settings, namely (mental) healthcare, asylum procedures, and social work**. This number – obtained statistically[6] with an absolute precision of 0.15 and an estimated proportion of 0.5 – ensures the feasibility of conducting fieldwork, accounts for potential dropouts, and still allows for the possibility of drawing meaningful conclusions. Interpreters cannot have received VT-specific training before participating. No restriction will be applied regarding age or gender, but participants must have at least one year of professional seniority. To be able to provide the **audio diaries**, participants must be proficient in English, French, or Dutch (native or advanced level), as linguistic analysis will be conducted in these languages. For **fieldwork**, however, not all language combinations will be included. To ensure effective observations, I will recruit interpreters working with Italian, English, Russian, French, and Dutch in various combinations. This selection allows me to directly understand and analyze the interpreting process in all observed sessions, as I possess sufficient proficiency in these languages (Italian: native; English: advanced; Dutch: upper-intermediate; French: intermediate; Russian: intermediate). Strategically, these languages also align with current demands for interpreting services. Dutch and French are essential for this research, as they are official languages formally used in public service encounters and widely used within my collaborating organizations (*AgII* and *SeTIS*), and English is frequently employed as a lingua franca by interpreters who may not yet be proficient in Dutch or French during consultations. For recruitment purposes, a partnership is planned with organizations like *AgII* and *SeTIS*, who have already agreed to assist in recruitment and training provision. In terms of personal commitment, participants will dedicate approximately 3-4 hours total to questionnaires and interviews during WP2 and WP4. Audio diaries during WP2 will require at least 1 hour total. Post-interpreting briefing interviews will take 10-15 minutes maximum. No financial incentives will be offered due to ethical concerns about voluntary participation with sensitive data and coercion.

4. Risk analysis

I have assessed potential risks and devised solutions. First, to manage potential delays or unforeseen challenges, I have adopted a **phased approach** with clearly defined objectives, allowing for incremental progress and ongoing data analysis throughout the project. If delays occur, I have identified components of the study that can be deprioritized or rescheduled without compromising the core research questions and outcomes. Additionally, **periodic reviews of the timeline** will allow for dynamic adjustments to optimize progress and ensure that the project remains **feasible and scientifically impactful**. Methodologically, I acknowledge the risk that participants may not **consistently – or at all – provide audio diaries**. To address this, I will send periodic reminders encouraging submissions. If participants find audio diaries too time-consuming or impractical, interviews will be conducted and transcribed as an alternative. **Another notable risk involves the possibility of being unable to conduct fieldwork in natural settings**. While this may significantly impact the research outcome, the risk can be mitigated by (1) requesting session recordings in my absence or (2) involving another present party (e.g., social worker, psychologist…) in a short debriefing. This approach would provide additional perspectives on the interpreter's performance and the overall progression of the situation. Another consideration is **the risk of limited data in terms of observations**, which, upon analysis, appears unlikely, given the **collaboration plans with organizations that operate in 'high-risk' contexts**. These external collaborations will also ensure

[6] $n = \frac{1.96^2 \cdot Patt(1-Patt)}{D^2}$

the feasibility of providing training. Additionally, the study **acknowledges the potential risk of emotional distress among interpreters**. **Providing specialized training and support resources will help mitigate this risk**, allowing participants to benefit from this research. However, participants can also request a session with a psychologist, arranged as a part of the project. **Ethical approval** will be sought due to the study's sensitive nature and participant vulnerability, as was done for the pilot study.

References

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