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Dr. Tomina Schwenke, the 2013 Seligman Research Award winner, wrote this article as a part of her dissertation; her complete dissertation is available online via Georgia State University's repository of dissertations.

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Abstract

Maslach (1982) conceptualizes burnout as emotional exhaustion and cynicism, which erodes an individual's ability to effectively engage in work. A known antecedent to burnout across a variety of occupations, including interpreting, is chronic job stress (Delisle, Lariviere, Imbeau, & Durand, 2005; Swartz, 1999). The multidimensional construct of perfectionism is one personality trait noted in the literature (Flett & Hewitt, 2002) that affects how an individual perceives and manages stressors and it is consistently associated with burnout. Perfectionism is characterized by a tendency to set and strive for high personal standards and has both detrimental and beneficial potential (Stoeber & Otto, 2006).

Investigators focusing on sign language interpreters have identified a wide range of cognitive and personality factors that contribute to the effective management of stress, such as perfectionistic traits (Bontempo & Napier, 2011). In contrast, negative appraisals of work, self-doubt and self-criticism are consistently associated with the development of

burnout amongst sign language interpreters (Qin, Marshall, Mozrall, & Marschark, 2008; Schwenke, Ashby & Gnilka, 2014). Within the extant literature there is evidence that perfectionistic traits, influence an individual's personal assessment of work demands and can contribute to the development of burnout. The current literature review explores the issue of burnout within the field of interpreting by considering the role of perfectionism, stress and coping, and lays the groundwork for additional research.

Keywords: sign language interpreters, burnout, perfectionism, perceived stress, coping resources

Burnout is a syndrome defined by emotional exhaustion, which develops in response to the ongoing pressure of managing complex people-related interactions (Maslach, 1982). Specific to sign language interpreters, psychological job stress is positively associated with fatigue, injury, and burnout (Bower, 2013; Feuerstein, Carosella, Burrell, Marshal, & DeCaro, 1997; Heller, Stansfield, Stark, & Langholz, 1986, Schwenke, Ashby, & Gnilka, 2014). Within the interpreting profession, burnout is linked to personal distress and early departure, or reduced hours working, in the profession (Bower, 2013; Dean & Pollard, 2001).

Researchers have identified several organizational and individual factors that contribute to interpreter stress and burnout (Bower, 2013; Schwenke, Ashby, & Gnilka, 2014). Researchers Timarovà and Salaets (2011) highlight that training and working as an interpreter is inherently quick-paced, complex, and challenging. Similarly, the credentialing bodies of the National Association for the Deaf (NAD) and the Registry of Interpreters for the Deaf (RID) recognize that to obtain certification interpreters must have the requisite linguistic, cognitive and technical skills, as well as, physical stamina, emotional stability and endurance (RID, 2012). In a research study conducted by Bower (2013) video relay service (VRS) interpreters were surveyed and it was learned managing calls in which the caller is angry with the interpreter, concerns about the length of time between calls, and receiving 911 calls were ranked the top stressors.

Scholars in the field of stress and coping highlight the significant role of personality traits related to an individual's appraisal of events and related management of stressors (Flett & Hewitt, 2002; Lazarus & Folkman, 1984; Stoeber & Otto, 2006). The construct of perfectionism is a personality trait consistently associated with the development of stress in non-clinical populations (Chang, Watkins, & Banks, 2004), in specific professions (D'Souza, Egan, & Rees, 2011; Mitchelson & Burns, 1998), and amongst athletes (Chen, Kee, Chen, & Tsaim, 2008; Stoeber & Rennert, 2008).

Investigators focusing on sign language interpreters identify a wide range of personal factors that contribute to career success, positive job performance, and effective stress management. A study of completion rates for sign language interpreting programs identified those interpreters with personality styles described as conscientious strove for high professional standards, reflected upon their personal performance in ways that facilitated learning, and successfully managed job stressors (Bontempo & Napier, 2011). In contrast, a study of interpreters conducted by Qin, Marshall, Mozrall, and Marschark (2008) found an association between interpreters' concerns about job performance, the use of ineffective coping strategies, and the development of stress-related physical injury on the job. These studies address the underpinnings of burnout amongst sign language interpreters by exploring influential factors such as personality, stress, and coping.

Interpreting Profession and Stress

The Registry of Interpreters for the Deaf (RID) website states there is a need for qualified interpreters to meet the growing demand for the service (2012). However, there are both recruitment and retention issues that contribute to the insufficient supply of interpreters (Dean & Pollard, 2001). Attaining the requisite skills and completing all educational and credentialing requirements to become an interpreter requires a time commitment, but critical to sustaining in the field is the ability to cope with inherent stressors.

Researchers studying the process of interpreting identify an association between chronic stress and illness, injury and burnout amongst interpreters (Bower, 2013; Qin, et al., 2008). Their findings highlight a positive association between high levels of job stress and reports of fatigue, physical disorders, and burnout. Researchers identify that physical stressors and psychological distress significantly impair an interpreter's linguistic and cognitive capacity, physical stamina and emotional stability. In one study (Qin et al., 2008), interpreters with increased physical pain in the wrist and back also reported higher levels of perceived stress. Within the sample, those interpreters who identified as "stressed," used an emphasized sign style (e.g., signs are produced faster and sharper and the non-dominant hand is used with greater frequency) and reported higher levels of increased physical tension and fatigue. Additionally, researchers identified that interpreters experience several occupational health problems associated with high levels of stress, such as upper extremity cumulative trauma disorder and carpal

tunnel syndrome (Feuerstein et al., 1997; Qin et al., 2008). Overall, stress can tax the body and mind and increase one's susceptibility to emotional and physical exhaustion, symptoms consistent with the construct of burnout.

Chronic job strain is frequently identified as a precursor to negative outcomes such as anxiety, depression, immune deficiency, and strokes (Matheny & McCarthy, 2000). However, in some cases job stress is associated with positive outcomes. For instance, Timarovà and Salaets (2011) identify that successful interpreting students performed well with medium to high levels of reported anxiety that was used to facilitate a helpful level of excitement and arousal and was associated with a perceived challenge related to the interpreting task. Overall, student interpreters with efficient coping strategies for working in stressful work conditions demonstrated advantages with regard to their capacity to learn and perform (Timarovà & Salaets, 2011).

Interpreters must have the capacity to cope with a variety of challenging and potentially stressful situations. To assist interpreters in coping with daily job challenges in order to effectively and efficiently interpret, Dean and Pollard (2001) developed the Demand Control Schema for Interpreting Work (DC-S), drawing from the occupational research conducted by Robert Karasek (1979). In using the DC-S interpreters identify various personal and environmental factors that comprise working conditions in order to increase professional competency and quality. The interpreter assesses for contextual factors, specifically job challenges (demands) and resources (controls) that influence an interpreter's work. Interpreters are asked to analyze several factors, including interpersonal (e.g., unique perceptions) and intrapersonal variables (e.g., doubts or questions about performance) that influence an interpreter's emotional reaction when navigating interpreting assignments (Dean & Pollard, 2001).

Dean and Pollard's (2001) DC-S is consistent with Karasek's (1979) research, in which stressful experiences and job strains are not judged as inherently bad. Karasek (1979) hypothesized that high-stress jobs can optimally challenge workers, resulting in job satisfaction. Specifically, Karasek observed that individuals who experience high levels of both demands and controls were typically satisfied with their work (1979). In contrast, Karasek identified that individuals with high levels of job demands and low levels of controls (e.g., job decision latitude) were predictably less satisfied (1979). In general, when workers appraised themselves as having

insufficient resources to manage excessive job challenges they were at increased risk of feeling overwhelmed, overtaxed and dissatisfied (Karasek, 1979). Thus, for Karasek (1979), a variety of individual and contextual variables coalesce to inform an individual's reaction to stressors.

Karasek's (1979) job demand theory posits personal, organizational and environmental factors work together. Thus, an individual who is optimally challenged at work and has sufficient resources will perceive work as satisfying and stressors as manageable. In contrast, an individual who perceives the availability of resources as insufficient to meet job demands will experience work as a source of chronic stress, a factor increasing the risk of burnout (Karasek, 1979). Karasek's (1979) demand-control theory, his job analysis method, and his developed research instruments are used extensively to study stress-related health outcomes. Karasek (1979) compared those professions that yielded high levels of emotional and physical distress with those that yielded low levels of emotional and physical distress. In assessing the physical, psychological, social, and organizational aspects of a job, Karasek (1979) was then able to categorize specific occupations in which workers consistently expressed higher rates of job dissatisfaction and stress-related illnesses.

Utilizing the instrument developed by Karasek et al. (1998), the Job Content Questionnaire, (JQQ), Dean and Pollard (2010) surveyed sign language interpreters to assess which contextual factors significantly contribute to distress. Dean and Pollard (2010) identified that interpreters reported higher job demands and distress working in VRS call centers and school (K-12 education) settings compared to interpreters in freelance interpreting settings. Bower (2013) conducted a study of stress and burnout in a sample of 355 video relay service interpreters. In this sample, over seventy-five percent of the respondents reported a current or past experience of burnout. More specifically, 60% of the individuals sampled reported they were currently burnt out and seven percent acknowledged they quit VRS work as a result of burnout.

Defining Burnout

Psychiatrist Herbert Freudenberger first coined the term *burnout* in 1974. He observed a specific type of clinicians, specifically those highly motivated and idealistic, appeared susceptible to a gradual loss of commitment, motivation, and energy. Maslach (1982) made similar

observations, conceptualizing burnout as a syndrome of fatigue, cynicism, and inefficacy, and naming emotional exhaustion, depersonalization, and personal accomplishment as the three key dimensions. These symptoms of burnout further erode an individual's engagement with work that was formerly viewed as important and meaningful, causing cynical and emotional fatigue. Distinct from a clinical or psychiatric diagnosis, burnout develops from exposure to chronic work stress rather than traumatic natural events or stressors related to major life events (Etzion & Pines, 1986). Burnout is primarily discussed in relationship to work; however, a growing number of studies have associated symptoms of burnout with non-occupational settings, including marriage, school performance, and athletic competition (Chen et al., 2008; Hill, Hall, Appleton, & Kozub, 2008; Hill, Hall, Appleton, & Murray, 2010).

Maslach and Leiter (2008) conceptualize that high levels of depersonalization and low levels of personal accomplishment additionally contribute to burnout The aspect of burnout called depersonalization, similar to cynicism, is defined by a sense of callousness and dehumanizing feelings towards others. Personal accomplishment, another aspect of burnout, relates to an individual's feelings of success, competence, and ability to perform on the job. Maslach (1982) identify that reduced feelings of personal accomplishment result in habitual and negative self-assessments and overall dissatisfaction with one's professional performance.

Maslach (1982) identifies emotional exhaustion as one of the three core elements of burnout. However, researchers such as Kristensen, Borritz, Villadsen, and Christensen (2005) argue burnout involves only emotional exhaustion. Similarly, Shirom (1989) identifies emotional exhaustion as the hallmark of burnout, which results from high levels of work demands, which cause an individual to feel, overextended and depleted of coping resources. Emotional exhaustion closely resembles other stress reactions explored in the occupational stress literature, including fatigue, psychosomatic complaints, and anxiety (Demerouti, Bakker, Nachreiner, & Schaufeli, 2001) and shares overlapping characteristics with clinical depression (Etzion & Pines, 1986).

Demerouti et al. (2001) found the pathways to developing burnout altered the presentation of the symptoms. In a study of burnout, Demerouti et al. (2001) utilized the job demands-resources model of burnout (JD-R) to identify specific constellations of demand and control factors predictive of either emotional exhaustion or disengagement. Specifically,

high job demands were positively related to a type of burnout defined by emotional exhaustion, with increased symptoms of fatigue, psychosomatic complaints, and anxiety. By comparison, insufficient or low levels of job resources correlated with a kind of burnout characterized by a sense of depersonalization or detachment from others.

Burnout theory posits that the problem of increased emotional exhaustion and depersonalization arises from a mismatch between people and their jobs (Maslach & Lieter, 2008). Specific factors that contribute to the development of burnout are person-environment conflicts related to work overload, lack of control, insufficient reward, breakdown in community, absence of fairness, and conflicting values. Maslach (1982) pinpointed several negative outcomes associated with burnout, including the deterioration in the quality of care and service to recipients, increased job turnover, absenteeism, low morale, and psychological and medical problems, including insomnia, substance abuse issues, marital problems, and fatigue.

Maslach and Leiter (2008) identified work engagement as conditionally related to the person-environment match. Whereas burnout is associated with several undesirable outcomes, work engagement is associated with several desirable outcomes, including improved psychological well being, work satisfaction and contentment with job performance. Maslach and Leiter (2008) conceptualize a dichotomous relationship between burnout and work engagement in which an individual's experiences exhaustion versus energy, cynicism versus involvement, and inefficacy versus efficacy.

The person-environment match influences where an individual falls on the theoretical burnout-work engagement continuum. In general, workers who are on the burnout end of the continuum feel disengaged and dissatisfied with work, while those who are on the engaged end of the continuum feel fulfilled and satisfied (Maslach & Leiter, 2008; Schaufeli & Bakker, 2004). Individual factors such as personality traits act upon environmental factors, influencing whether a person feels engaged in work or burned out by particular work conditions. Personality differences explain why some individuals thrive in challenging work environments when others find the same situation overwhelming. Overall, personality plays a critical role in how an individual experiences his/her work setting, which influences whether that individual views the situation as stressful or not.

Theories of burnout (Demerouti et al., 2001; Maslach & Leiter, 2008; Schaufeli & Bakker, 2004) and occupational health (Karasek, 1979) provide a framework for understanding the dynamics between a worker and his/her work environment. Working conditions, primarily the relationship between job demands and controls, are predictive of an individual's pattern of responses to stress (Karasek, 1979). Burnout theory underscores the importance of the fit between the person and the environment, specifically noting that personality characteristics, as much as contextual variables, are predictive of where the individual falls on the job engagement-burnout continuum (Maslach & Leiter, 2008).

Personality traits likely contribute to increased levels of burnout amongst interpreters. Several studies of interpreter burnout identify high personal expectations, concerns over mistakes, and impairments in stress coping - all perfectionistic traits - as possible contributors to distress (Heller, Stansfield, Stark, & Langholtz, 1986; Qin et al., 2008; Roziner & Shlesinger, 2010). Specifically, Heller et al. (1986) observed that interpreters' perceptions of high performance expectations, limited support outlets and perceived skill inadequacies were contributing factors to burnout. In a study of conference interpreters, a majority of the sample reported low levels of satisfaction with the quality of their job performance and high levels of burnout (Roziner & Shlesinger, 2010). In a study by Branam (1991) related to burnout and sign language interpreters, stress was most commonly associated with unattainably high performance expectations and perceived skill inadequacies. These findings highlight the relationship between burnout and a desire to produce quality work and critical self-assessment of performance as inadequate. Although the above-mentioned studies of burnout do not explicitly identify a specific personality characteristic, there is conceptual overlap between their findings and the construct of perfectionism.

Relationship between Perfectionism and Burnout

Contrary to what might be expected, Freundenberger (1974) observed that those who were conscientious and enthusiastic about their work experienced burnout at greater rates. He hypothesized personality characteristics, specifically perfectionistic tendencies, played a critical role in the development of fatigue and cynicism. Freundenberger (1974) observed that idealistic workers striving to maintain high performance standards more quickly showed decreased motivation and energy towards work.

Empirical findings support Freundenberger's (1974) early observations. For instance, positive correlation between perfectionistic tendencies and the development of burnout is observed across numerous occupations including clinical psychologists (D'Souza, Egan & Rees, 2011), schoolteachers (Stoeber & Rennert, 2008), career mothers (Mitchelson & Burns, 1998), clergy (Grosch & Olsen, 2000), physicians (Houkes, Winants, & Twellaar, 2008), and coaches (Tashman, Tenenbaum, & Eklund, 2010).

While some researchers conceptualize perfectionism as a negative and problematic personality trait other researchers acknowledge the potential advantages of perfectionism. Burns (1980) defines the construct of perfectionism as unidimensional and as negative and neurotic, culminating in an increased level of distress for the individual who possesses this characteristic. According to Burns (1980), individuals with a perfectionistic drive are generally unrealistic and directed towards maintaining abnormally high standards in personal performance or occupational endeavors. A balanced view of the construct positions that positive or *normal* perfectionism is distinct from negative or *neurotic* perfectionism (Hamachek, 1978). Specifically, the normal perfectionist pursues high standards, tolerates mistakes, and derives satisfaction following task completion. In contrast, the neurotic perfectionist fears failure, does not easily tolerate mistakes, and derives little self-satisfaction from task accomplishment.

Various researchers have elaborated upon the construct of perfectionism. Frost, Marten, Lahart, and Rosenblate (1991) incorporate intrapersonal issues into their conceptualization of perfectionism and emphasize aspects of perfectionism related to neurotic concerns about meeting social expectations, tendencies towards critical self-evaluations, and doubts about the effectiveness of one's actions. Additionally, Flett and Hewitt (2002) include interpersonal issues into their conceptualization and identify three types of perfectionism, including self-oriented, other-oriented, and socially prescribed. As the categorical names suggest, self-oriented perfectionists set high standards for themselves; other-oriented perfectionism maintain high standards on behalf of significant others; and socially prescribed perfectionism believe that significant others are maintaining high standards for them (Flett & Hewitt, 2002). Especially applicable to the work of sign language interpreters is Flett and Hewitt's notion of the self-oriented perfectionists who demands high personal standards for him or herself but is not easily satisfied with his/her resulting performance. This echoes research findings related to stress and the development of burnout

within the interpreting profession, in which interpreters set high personal standards and are self-critical of their perceived job performance (Heller et al., 1986; Qin et al., 2008; Roziner & Shlesinger, 2010).

Contemporary scholars generally define perfectionism as a multidimensional construct characterized by the setting of high personal standards and that can be experienced as either maladaptive or adaptive (Stoeber & Otto, 2006). The maladaptive perfectionist experiences distress from the discrepancy experienced between personal standards and his/her negative appraisals of performance (Rice & Slaney, 2002). In contrast, the adaptive perfectionist experiences less distress when goals are not met and experiences less of a disparity between personal standards and his/her assessed performance. Thus, the distress experienced by a perfectionist does not arise from the establishment of high performance standards in and of itself, but rather from the discrepancy experienced between one's established standards and the negative appraisal of one's performance (Stoeber & Otto, 2006).

Research findings provide evidence that maladaptive perfectionists experience greater negative psychological outcomes, including elevated levels of depression (Frost, Benton, & Dowrick, 1990), elevated levels of anxiety (Flett, Hewitt, & Dyck, 1989), decreased self-esteem (Ashby, Rice, & Martin, 2006), elevated self-criticism (Flett and Hewitt, 2002), lower satisfaction with life (Ashby, et al., 2006), increased fear of intimacy (Martin & Ashby, 2004) and elevated levels of burnout (Grosch & Olsen, 1998; Houkes et al., 2008; Mitchelson & Burns, 1998; Stoeber & Rennert, 2008; Tashman et al., 2010). Clinically, maladaptive perfectionism is associated with greater levels of personal distress and clinical diagnoses, including eating disorders, anxiety disorders and depression (Egan, Wade, & Shafran, 2011). In contrast, adaptive perfectionists' appraisals of their performance are less likely to induce stress (Stoltz & Ashby, 2007) and are more likely to facilitate the learning of challenging new skill or sport (Gould, Dieffenbach, & Moffett, 2002). Adaptive perfectionistic traits are also associated with positive and beneficial outcomes such as psychological wellbeing (Slaney et al., 2001), higher levels of self-esteem (Ashby & Rice, 2002), greater life satisfaction and lower levels of depression (Wang, Yuen, & Slaney, 2009).

Perfectionistic traits potentially aid individuals in the achievement of personal goals (Burns, 1980). Several empirical studies of high achieving

students (Bieling, Israeli, Smith, & Antony, 2003), professionals (Houkes et al., 2008) and Olympic athletes (Gould et al., 2002) highlight the benefits of having perfectionistic traits, specifically with regard to establishing high personal standards. Therefore, perfectionists - adaptive or maladaptive - often do not wish to concede their perfectionistic traits (Burns, 1980) or lower their performance standards (Slaney, Rice, Mobley, Trippi, & Ashby, 2001. Although the adherence to high personal standards is distressing for the maladaptive perfectionist, lightening up or lowering personal standards does not seem a desirable option.

Maladaptive perfectionists are more prone to negatively appraise performance resulting in feelings of discouragement and distress (Rice & Slaney, 2002; Ashby & Rice, 2002). Research suggests perfectionistic tendencies, specifically negative appraisals of personal performance, are predictive of burnout (Chen et al., 2008; Hill et al., 2008; Hill et al., 2010). For instance, researchers (Gould, Udry, Tuffey, & Loehr, 1996; Lemyre, Hall & Roberts, 2008) have identified that amongst athletes, those with perfectionistic traits who repeatedly engage in maladaptive self-appraisals and self-criticism reported high levels of burnout (Appleton, Hall & Hill, 2009; Gould et al., 1996; Lemyre et al., 2008). Tashman et al. (2010) found that athletic coaches who reported high perfectionistic standards and chronic feelings of inadequacy related to their job performance reported high levels of burnout. In studies that address stress and burnout within the interpreting profession it is observed that stress and burnout are more prevalent when interpreters engage in patterns of thinking dominated by negative self-talk, concerns about performance, and critical assessments of skill competency (Heller et al., 1986 Roziner & Shlesinger, 2010).

Bontempo and Napier (2011) identify that the personality characteristics of sign language interpreters influence their capacity to manage stress and perform on the job. Dean and Pollard (2001) recognize that work demands, stressors and coping resources are experienced through the filter of the interpreter. For instance, intrapersonal, or personality factors influence how interpreters judge their capacity to successfully convey a message and how they manage the emotional content and reactions to the work. Furthermore, environmental and personal factors influence interpreters' stress reactions, which in turn influence behaviors, cognitive functioning, mood, and psychological wellbeing (Dean & Pollard, 2001).

Personality characteristics such as perfectionistic traits play a part in determining how successful interpreters are throughout training and at work (Bontempo & Napier, 2011). In research looking at the "soft skills," or personality traits that are helpful for the development of interpreting skills, conscientiousness, which includes the constructs of striving for achievement, efficiency, hard-work, and perfectionist traits, is identified as a significant predictor of occupational performance (Bontempo & Napier, 2011). These findings highlight the adaptive potential of conscientiousness and perfectionistic traits for sign language interpreters throughout their careers.

Researchers have identified conceptual links between perfectionism and the personality trait of conscientiousness. Rice and Ashby (2007) have empirically studied whether adaptive perfectionism as measured by the Almost Perfect Scale-Revised (APS-R) (Slaney et al., 2001) could be differentiated from seemingly related personality factors, such as the personality domain of Conscientiousness as measured on the NEO Five-Factor Inventory Form (NEO-FFI-S) (Costa & McCrae, 1992). When the scales related to the multidimensional construct of perfectionism were compared to the Five-Factor model of personality, a positive correlation was identified between the Conscientiousness scale of the NEO-FFI-S and adaptive perfectionistic traits as measured by the High Standards scale of the APS-R. These findings suggest that while there are distinct conceptual differences between perfectionistic traits and the personality traits of conscientiousness there are significant conceptual points of overlap.

Perfectionistic traits, adaptive or maladaptive, have bearing on interpreting, positively or negatively. Research findings emphasize that perfectionistic traits and striving for achievement assist interpreters in developing skills and achieving educational and professional goals (Bontempo & Napier, 2011). Additionally, adaptive perfectionistic traits appear advantageous with regard to work satisfaction and engagement. In contrast, hallmarks of maladaptive perfectionism disadvantage the interpreter. For instance, a primary stressor reported in samples of sign language and spoken language conference interpreters was perceived skill inadequacies, doubts about performance, and self-criticism in light of high professional standards (Heller et al., 1986; Roziner & Shlesinger, 2010). While these studies do not name the personality trait of maladaptive perfectionism, there is overlap with the construct, specifically with regard to interpreters reporting both high personal standards and self-criticism

regarding perceived job performance. Given that interpreting can be stressful and is likely more challenging for the maladaptive perfectionist, coping resources are an essential protective factor for professionals in the field.

Relationship between Perfectionism, Perceived Stress and Coping Resources

According to the transactional model of stress (Lazarus, 1966) personality factors shape an individual's appraisal of demands and the capacity to effectively cope with stress. Within Lazarus's (1966) theoretical framework the perceived demands of a situation is either internal, such as perfectionistic standards or expectations regarding the completion of a task, or external, such as being asked by a supervisor to complete a work task (Matheny & McCarthy, 2000). Within this framework, stress is experienced by the individual when the perceived demands appear to exceed perceived resources (Lazarus & Folkman, 1984).

The stress and coping framework of Lazarus and Folkman (1984) distinguishes two phases of the stress appraisal process - the primary appraisal and the secondary appraisal. First, an individual is confronted with a demand. A primary appraisal occurs as an individual initially assesses the potential for challenge or stress and determines a subjective level of threat to his/her physical and psychological wellbeing. Second, the individual determines through a secondary appraisal how to cope with the assessed danger or challenge.

Lazarus's (1966) transactional model of stress and coping accounts for various factors influencing how an individual copes with stressors, such as issues of time (e.g., age of the individual, current circumstances) and type of stressful situations (e.g., life events or daily hassles). Lazarus (1966) distinguished between patterns of coping that incorporate healthy behaviors (e.g., diet and exercise; meditation) and non-healthy behaviors (e.g., dependence on drugs or alcohol). Lazarus (1966) also differentiates between coping strategies that are problem-focused, in which the individual attempts to confront or alter a stressor, and those strategies that are emotion-focused, in which the individual attempts to accept a particular stressor. For instance, more active coping approaches include resolving interpersonal conflicts, time management, use of humor and seeking out social support. In contrast, emotion-focused coping strategies include

suppressing distressing thoughts, discharging painful emotions, the use of substances and self-blame (Lazarus, 2007; Matheny & McCarthy, 2000).

Matheny and McCarthy (2000) describe coping resources as established traits, abilities and assets that are utilized as strategies for coping with stress. Coping resources buffer individuals from stressful daily hassles and life events and minimize the potentially detrimental effects of stressors as they occur (Matheny, Aycock, Curlette, & Junker, 2003; Lazarus, 2007). With adequate coping resources an individual experiences heightened self-confidence in their ability to manage situations - an awareness that serves as a protective factor against maladaptive outcomes (Matheny & McCarthy, 2000). Those individuals who are highly resourced with robust coping skills derive relief or protection from stressful events and are more apt to take risks and challenge themselves.

Flett and Hewitt (2002) use a diathesis-stress model to explained dysfunctional patterns that maladaptive perfectionists employ when appraising stressors. Individuals with maladaptive perfectionistic traits develop patterns of judging their performance as inadequate and are self-critical of their job performance, which produces, exaggerates, or prolongs stress responses. Maladaptive perfectionists engage in practices by which they self-handicap (stress generation); anticipate future failure or maintain a pessimistic future orientation (stress anticipation); cope poorly with stressors and therefore prolong stressful episodes through negative automatic thinking, self-blame, preservation, and rumination (stress perpetuation); and intensify the negative impact of stressful conditions by associating self-worth with job performance (stress enhancement). The primary problem with maladaptive perfectionists' pessimistic patterns of thinking is that it seems to magnify stress by perpetuating and reinforcing negative patterns of reacting to stress (Rice & Slaney, 2002).

Flett and Hewitt (2002) observe that while strong coping resources and effective strategies for managing stress are protective against the "perils of perfectionism" (p. 14), coping resources are often impaired and applied less effectively by the maladaptive perfectionist. Thus, maladaptive perfectionists assess their coping resources as insufficient, are less successful at using effective coping strategies for the purpose of stress reduction, are prone to negatively appraise their problem-solving capabilities, and utilize maladaptive strategies of coping (e.g., emotion-focused).

For maladaptive perfectionists negative patterns of thinking and impaired coping skills result in increased psychological symptomatology. Maladaptive perfectionists are at greater risk of psychologically distress (O'Connor & O'Connor, 2003). Wei, Heppner, Russell, and Young (2006) identified that perfectionistic college students, with low levels of coping resources, were at greater risk for depression, anxiety, and emotional maladjustment. In another study, Rice and van Arsdale (2010) identified that maladaptive perfectionists had higher perceived stress scores and were more likely to utilize non-healthy coping strategies (e.g., alcohol use). Additionally, maladaptive perfectionists generally report lower perceptions of social support and utilize less effective strategies (e.g., avoidant coping) during times of stress (Rice & Slaney, 2002). In combination the research indicates that maladaptive perfectionists typically perpetuate distress through ongoing disabling self-criticism and lower levels of self-confidence.

Interventions

In a study of sign language interpreters and burnout (Schwenke et al., 2014), perceived stress played a mediating role between maladaptive perfectionism and burnout. This suggests pessimistic thinking, specifically self-criticism, in light of high personal work standards, renders an interpreter vulnerable to burnout. Maslach (1982) identified that burnout leads to distress and impaired work quality. As an interpreter, if their job performance is impaired, the consumer is affected. Therefore, professionals are encouraged to improve self-awareness and engage in activate strategies for enhanced coping. To this end, it is recommended interpreters familiarize themselves with demand control schema for sign language interpreters (Dean &Pollard, 2001) and establish self-care strategies for managing stressors. Understanding the DC-S enhances an interpreter's capacity for self-reflection and because it is widely applied the model provides a common language amongst interpreters to process interpreting assignments. In addition to the model's utility for analyzing work conditions, DC-S is a means of ethical decision-making and assessment of intrapersonal and interpersonal stressors that can enhance an interpreter's job performance (Dean & Pollard, 2001).

Dean and Pollard (2013) recommend engagement in a reflective practice of supervision to mitigate psychological strain and burnout. Systematic supervision, which is distinguished from psychotherapy, includes the sharing of information with a trained supervisor to analyze work factors.

Discussing one's interpreting work with others is thought to serve as an opportunity for interpreters to methodically address various demands such as personal, emotional and psychological reactions inherent in the work.

In a study by Bower (2013), interpreters with high rates of burnout were asked about ways to reduce the stressors identified in video relay interpreting. Several concerns were raised about business practices related to call volume, break time, policies, and management. With regard to interventions, survey participants reported that mitigating stress would be best accomplished through sharing their experiences with other interpreters through teaming, debriefing, and peer support.

Conclusion

Chronic job stress in the profession of sign language interpreting is well documented and a national shortage of interpreters is blamed largely on the prevalence of physical disorders and burnout within the profession (Dean & Pollard, 2001; Qin et al., 2008; Schwenke et al., 2014). Bower (2013) provided evidence that video relay interpreters are particularly vulnerable to developing burnout due in part to issues related to managing the emotionally charged content of the work and various environmental concerns.

Personality plays an essential role in informing the stress and coping appraisal process (Lazarus & Folkman, 1984) and intrapersonal and interpersonal factors influence the interpreter's efficacy (Dean & Pollard, 2001). Interpreters striving for high standards may see their performance enhanced by adaptive perfectionistic traits (Bontempo & Napier, 2011) or hindered by negative appraisals of performance (Schwenke et al., 2014). Maladaptive perfectionists utilize coping strategies known to exacerbate and perpetuate the stress response (Flett &Hewitt, 2002). Maladaptive perfectionism is a personality characteristic consistently associated with burnout across a variety of professions (Freundenberger, 1974; Stoeber & Rennert, 2008; Tashman, et al., 2010).

Burnout in the interpreting profession is an issue of concern for educators, administrators, students, interpreters, and consumers. The above review of extant literature indicates that changes to training programs and the way we conceptualize supervision are needed. The work of Dean and Pollard (2013) substantiates the use of DC-S and the reflective practice of

supervision to mitigate the psychological effects of the interpreting work. Bower (2013) assessed interpreters and found that interpreters wanted more opportunities to team and debrief with others as a means to lower levels of stress. These findings suggest that allowing interpreters to talk about their work is collegial as well as preventative of burnout.

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References

Appleton, P. R., Hall, H. K., & Hill, A. P. (2009). The influence of perfectionism on junior-elite athlete burnout. *Psychology of Sport and Exercise, 10*, 457-465. doi: 10.1016/j.psychsport.2008.12.006

Ashby, J. S., & Rice, K. G. (2002). Perfectionism, dysfunctional attitudes, and self-esteem: A structural equations analysis. *Journal of Counseling & Development, 80*(2), 197-203.

Ashby, J. S., Rice, K. G., & Martin, J. (2006). Perfectionism, shame, and depressive symptoms. *Journal of Counseling & Development, 84*, 148-156. doi: 10.1002/j.1556-6678.2006.tb00390.x

Bieling, P. J., Israeli, A. L, Smith, J., & Antony, M. M. (2003). Making the grade: The behavioral consequences of perfectionism in the classroom. *Personality and Individual Differences, 35*, 163-178.

Bontempo, K., & Napier, J. (2011). Evaluating emotional stability as a predictor of interpreter competence and aptitude for interpreting. *Interpreting, 13*(1), 85-105. doi: 10.1075/intp.13.1.06bon

Bower, K. (2013). Stress and burnout in Video Relay Service Interpreting. *Registry of Interpreters for the Deaf Views*, *30*, 18-19.

Branam, L. (1991). *Burnout in the interpreting profession*. Unpublished manuscript.

Burns, D. D. (1980). The perfectionist's script for self-defeat. *Psychology Today, 14*, 34–52.

Chang, E. C., Watkins, A. F., & Banks, K. H. (2004). How adaptive and maladaptive perfectionism relates to positive and negative psycho logical functioning: Testing a stress-mediation model in Black and White female college students. *Journal of Counseling Psychology, 51*, 93–102. doi: 10.1037/0022-0167.51.1.93

Chen, L. H., Kee, Y. K., &Tsaim, Y. (2008). An examination of the dual model of perfectionism and adolescent athlete burnout: A short-term longitudinal research. *Social Indicators Research, 91*, 189-201. doi: 10.1007/s11205-008-9277-9

Costa, P. T., & McCrae, R. R. (1992). *NEO PI-R. Professional manual.* Odessa, FL: Psychological Assessment Resources, Inc.

Dean, R., & Pollard, R. (2013). *The demand control schema: Interpreting as a practice profession.* North Charleston, SC: Create Space Independent Publishing Platform.

Dean, R., & Pollard, R. (2010). RID research grant underscores occupational health risks: VRS and K-12 settings most concerning. *Registry of Interpreters for the Deaf Views*, *27*, 41-43.

Dean, R., & Pollard, R. (2001). Application of demand-control theory to sign language interpreting: Implications for stress and interpreter training. *Journal of Deaf Studies and Deaf Education*, *6*, 1-13. doi: 10.1093/deafed/6.1.1

Delisle, A., Lariviere, C., Imbeau, D., & Durand, M. (2005). Physical exposure of sign language interpreters baseline measures and reliability analysis. *European Journal of Applied Physiology, 94*, 448-460.

Demerouti, E., Bakker, A. B., Nachreiner, F., & Schaufeli, W. B. (2001). The job demands-resources model of burnout. *Journal of Applied Psychology, 86* (2), 499-512. doi: 10.1037//0021-9010.86.3.499

D'Souza, F., Egan, S. J., & Rees, C. S., (2011). The relationship between perfectionism, stress and burnout in clinical psychologists. *Behaviour Change, 28*, 17-28. doi: http://doi.org/10.1375/bech.28.1.17

Egan, S. J., Wade, T. D., & Shafran, R. (2011). Perfectionism as a transdiagnostic process: A clinical review. *Clinical Psychology Review, 31*, 203-212. doi: 10.1016/j.cpr.2010.04.009

Etzion, D., & Pines, A. (1986). Sex and culture in burnout and coping among human service professionals: A social psychological perspective, *Journal of Cross-Cultural Psychology, 17*, 191-209.

Feuerstein, F., Carosella, A.M., Burrell, L. M., Marshal, L., & DeCaro, J. (1997). Occupational Upper Extremity Symptoms in Sign Language Interpreters: Prevalence and Correlates of Pain, Function, and Work Disability. *Journal of Occupational Rehabilitation, 7,* 187-205.

Flett, G. L., & Hewitt, P. L. (2002). Perfectionism and maladjustment: an overview of theoretical, definitional, and treatment issues. In P. L. Hewitt & G. L. Flett (Eds.), *Perfectionism: Theory, research, and treatment* (pp. 5-31). Washington, DC: American Psychological Association.

Flett, J. R., Hewitt, P. L., & Dyck, D. G. (1989). Self-oriented perfectionism and learned resourcefulness in depression and self-esteem. *Personality and Individual Differences, 12,* 61-68.

Freudenberger, H. J. (1974). Staff burnout. *Journal of Social Issues, 30*(1), 159-165.

Frost, R. O., Benton, N., & Dowrick, P. W. (1990). Self-evaluations, videotape and dysphria. *Journal of Social and Clinical Psychology, 9,* 367-374.

Frost, R. O., Marten, P., Lahart, C., & Rosenblate, R. (1991). The development of perfectionism. *Cognitive Therapy and Research, 15,* 469-490.

Gould, D., Dieffenbach, K., & Moffett, A. (2002). Psychological characteristics and their development in Olympic champions. *Journal of Applied Sport Psychology, 14,* 172-204.

Gould, D., Udry, E., Tuffey, S., & Loehr, J. (1996). Burnout in competitive junior tennis players: A quantitative psychological assessment. *The Sport Psychologist*, *10*, 322-340.

Grosch, W. N., & Olsen, D. C. (2000). Clergy burnout: An integrative approach. *Journal of Clinical Psychology, 56*, 619-632. doi: 10.1002/ (SICI)1097-4679 (2000005)

Hamachek, D. E. (1978). Psychodynamics of normal and neurotic perfectionism. *Psychology, 15,* 27-33.

Heller, B., Stansfield, M., Stark, G., & Langholtz, D. (1986). Sign language interpreter stress: An exploratory study. In *Proceedings of the 1985 Convention of the American Deafness and Rehabilitation Association.* Little Rock, AR: ADARA.

Hill, A. P., Hall, H. K., Appleton, P. R., & Kozub, S. A. (2008). Perfectionism and burnout in junior elite soccer players: The mediating influence of unconditional self-acceptance. *Psychology of Sport and Exercise*, *9*, 630-644.

Hill, A. P., Hall, H. K., Appleton, P. R., & Murray, J. J. (2010). Perfectionism and Burnout in canoe polo and kayak slalom athletes: The mediating influence of validation and growth-seeking. *Psychology of Sport and Exercise, 24,* 16-34.

Houkes, I., Winants, Y. H., & Twellaar, M. (2008). Specific determinants of burnout among male and female general practitioners: A cross-lagged panel analysis, *Journal of Occupational and Organizational Psychology, 81*, 249-276. doi: 10.1348/096317907X218197

Karasek, R., Brisson, C., Kawakami, N., Houtman, I., Bongers, P., & Amick, B. (1998). The Job Content Questionnaire (JCQ): An instrument for internationally comparative assessments of psychosocial job characteristics, *Job Occupational Health Psychology*, *3,* 322-55.

Karasek, R. A. (1979). Job demands, job decision latitude, and mental strain: Implications for job redesign. *Administrative Science Quarterly*, *24,* 285-307.

Kristensen, T. S., Borritz, M., Villadsen, E., & Christensen, K. B. (2005). The Copenhagen Burnout Inventory: A new tool for the assessment of burnout. *Work & Stress, 19*, 192-207. doi: 10.1080/02678370500297720

Lazarus, R. S. (2007). Stress and emotion: A new synthesis. In A. Monat, R. S. Lazarus, & G. Reevy (Eds.), *The Praeger Handbook on Stress and Coping* (pp. 33-51). Westport, CT: Praeger Publishers.

Lazarus, R. S. (1966). *Psychological Stress and the Coping Process*. New York, NY: McGraw-Hill.

Lazarus, R. S., & Folkman, S. (1984). *Stress, Appraisal and Coping*. New York, NY: Springer.

Lemyre, P. N., Hall, H.K., & Roberts, G. C. (2008). A social cognitive approach to burnout in elite athletes. *Scandinavian Journal of*

Medicine & Science in Sports.18, 221-234.doi: 10.1016/
j.psychsport.2008.12.006

Martin, J. L., & Ashby, J. S. (2004). Perfectionism and fear of intimacy:
Implication for relationships. *Family Journal–Counseling & Therapy
for Couples & Families, 12*, 368-374.

Maslach, C. (1982). Burnout: The cost of caring. Englewood Cliffs, NJ:
Prentice-Hall.

Maslach, C., & Leiter, M. P. (1997, 2008). *The truth about burnout: how
organizations cause personal stress and what to do about it (2nd ed.)*. San
Francisco, CA: Jossey-Bass.

Matheny, K. B., & McCarthy, C. J. (2000) *Write your own prescription for
stress*. Oakland, CA: New Harbinger Publications, Inc.

Matheny, K. B., Aycock, D. W., Curlette, W. K., & Junker, G. N. (2003).
The Coping Resources Inventory for Stress: A measure of perceived
resourcefulness. *Journal of Clinical Psychology, 59,* 1261-1277.

Mitchelson, J. K., & Burns, L. R. (1998). Career mothers and perfectionism:
Stress at work and at home. *Personality and Individual Differences*,
25, 477-485. doi: 10.1016/S0 191-8869(98)00069-5

O'Connor, R. C., & O'Connor, D. B. (2003). Predicting hopelessness and
psychological distress: The role of perfectionism and coping. *Jour-
nal of Counseling Psychology*, *50*(3), 362-372. doi: 10.1037/0022-
0167.50.3.362

Qin, J., Marshall, M., Mozrall, J., & Marschark, M. (2008). Effects
of pace and stress on upper extremity kinematic responses
in sign language interpreters. *Ergonomics, 51*, 274-289. doi:
10.1080/00140130701617025

Registry of Interpreters for the Deaf, Inc. (2012). Retrieved from http://
www.rid.org

Rice, K. G., & van Arsdale, A. C. (2010). Perfectionism, perceived stress,
drinking to cope, and alcohol-related problems among college stu-
dents. *Journal of Counseling Psychology*, *57*(4), 439-450. doi: 10.1037/
a0020221

Rice, K. G., & Slaney, R. (2002). Clusters of perfectionists: Two studies of emotional adjustment and academic achievement. *Measurement and Evaluation in Counseling and Development (American Counseling Association)*, *35*, 35-48.

Roziner, I., & Shlesinger, M. (2010). Much ado about something remote. *Interpreting 12*, 214-247. doi: 10.1075/intp.12.2.05roz

Schaufeli, W.B., & Bakker, A. B. (2004). Job demands, job resources, and their relationship with burnout and engagement: A multi-sample study. *Journal of Organizational Behavior*, *25*, 293-315.

Schwenke, T. J., Ashby, J. S. & Gnilka, P. B. (2014). Sign language interpreters and burnout: The effects of perfectionism, perceived stress, and coping resources. *Interpreting* 16 (2), 209–232. doi:10.1075/intp.16.2.04sch

Shirom, A. (1989). Burnout in work organizations. In C. L. Cooper and I. Roberson (Eds.), *International review of industrial and organizational psychology* (pp. 25-48). New York, NY: John Wiley & Sons.

Slaney, R. B., Rice, K. G., Mobley, M., Trippi, J., & Ashby, J. S. (2001). The Revised Almost Perfect Scale. *Measurement and Evaluation in Counseling and Development*, *34*(3), 130-145.

Stoltz, K., & Ashby, J. S. (2007). Perfectionism and lifestyle: Personality differences among adaptive perfectionists, maladaptive perfectionists, and non-perfectionists. *Journal of Individual Psychology*, *63*, 414-423.

Stoeber, J., & Otto, K. (2006). Positive conceptions of perfectionism: Approaches, evidence, challenge. Personality and Social Psychology Review, *10*, 295-319.doi: 10.1207/s15327957pspr1004_2

Stoeber, J., & Rennert, D. (2008). Perfectionism in school teachers: Relations with stress appraisal, coping styles, and burnout. *Anxiety, Stress, & Coping, 21*(1), 37-53. doi: 10.1080/10615800701742461

Swartz, D. B. (1999). *Job satisfaction of interpreters for the deaf*. Unpublished doctoral dissertation, Minneapolis, Capella University.

Tashman, L. S., Tenenbaum, G., & Eklund, R. (2010). The effect of perceived stress on the relationship between perfectionism and

burnout in coaches. *Anxiety, Stress, & Coping, 23*, 195-212. doi: 10.1080/10615800802629922

Timarovà, S., & Salaets, H. (2011). Learning styles, motivation and cognitive flexibility in interpreter training. *Interpreting, 13*(1), 31-52. doi: 10.1075/intp.13.1.03tim.

Wang, K. T., Yuen, M., & Slaney, R. B. (2009). Perfectionism, depression, and life satisfaction: A study of high school students in Hong Kong. *The Counseling Psychologist, 37,* 249-274. doi: 10.1177/0011000008315975

Wei, M., Heppner, P. P., Russell, D. W., & Young, S. K. (2006). Maladaptive perfectionism and ineffective coping as mediators between attachment and future depression: A prospective analysis. *Journal of Counseling Psychology*, *53*, 67-79. doi:10.1037/0022-0167.53.1.67