Psychology & Marketing

WILEY

RESEARCH ARTICLE OPEN ACCESS

Market Interviews in Shared Traumatic Reality: A Trauma-Informed, Co-Constructed Framework

Nataliia Kochkina[1] | Sofiia Berezka[2] | Fabio Corona[1] | Giuseppe Melis[1]

[1]Department of Economic and Business Sciences, Faculty of Economic, Legal, and Political Sciences, University of Cagliari, Cagliari, Italy | [2]Career Center, Masaryk University, Brno, Czech Republic

Correspondence: Nataliia Kochkina (nataliia.kochkina@unica.it)

Received: 8 September 2025 | **Revised:** 26 June 2026 | **Accepted:** 11 July 2026

Keywords: co-constructed interviewing | crisis fieldwork | qualitative market research | shared traumatic reality | trauma-informed care | vicarious trauma

ABSTRACT

Qualitative market interviews may become trauma-sensitive when ordinary questions about consumption, work, finance, mobility, identity, professional continuity, or institutional trust intersect with displacement, insecurity, loss, or ongoing threat. This paper examines the issue through the lens of a shared traumatic reality, in which participants and moderators encounter the same or related crises. Empirically, it draws on 81 wartime interviews with 100 participants, including displaced Ukrainians and marketing academics, and is complemented by three psychologist-led moderator debriefs. The analysis identifies breakdown and repair points across the interview pipeline, from distrust and disruption to post-field reactivation. By integrating field observations, moderator reflection, trauma-informed interviewing, co-constructed inquiry, qualitative ethics, and researcher-exposure literature, this paper presents TI(C)MI: a flexible, non-clinical framework for trauma-informed, co-constructed market interviewing. It repositions trauma as a possible condition in the production of ordinary market data and considers bounded involvement and moderator protection as essential for methodological rigor.

1 | Introduction

Qualitative market interviews are typically designed for stable field conditions, featuring planned access, neutral moderation, controlled rapport, predefined prompts, and consent-based risk management. However, war, displacement, institutional mistrust, financial fragility, chronic insecurity, and infrastructural disruption can transform ordinary market-relevant topics into trauma-sensitive encounters. This condition is closer to what clinical psychology calls "shared traumatic reality" when participants and moderators share the same or related crisis: ongoing bidirectional exposure rather than one-way recollection of past trauma (Pearlman and Saakvitne 1995; Baum 2013; Freedman and Tuval Mashiach 2018). In such circumstances, the boundary between "research task" and "lived crisis" blurs, and emotional tension enters the interview encounter rather than being pushed to the margins (McLean and Leibing 2007; Gilmore and Kenny 2014; de Rond 2012, 2025; Anteby 2024).

This condition contradicts the principle of neutral moderation, which is a fundamental convention of market interviewing. Neutrality is frequently considered a safeguard against steering, coercion, and interviewer effects (Tourangeau and Smith 1996; Durrant et al. 2010; West and Blom 2016; MRS 2024) and reflects broader traditions of therapeutic neutrality (Hoffer 1985; Greenberg 1986; Gelso and Kanninen 2017; Cooper 2022). However, the nature of disclosure and its analytic utility are shaped by the interviewer's stance, pace, silence, empathy, and boundary work, even in stable settings (Zhang and Okazawa 2022). As interviews become trauma-sensitive, strict neutrality may feel unsafe or dismissive, while over-involvement may lead to role drift, uncontained disclosure, and

Shared-Trauma Market Interviews.

This is an open access article under the terms of the Creative Commons Attribution License, which permits use, distribution and reproduction in any medium, provided the original work is properly cited.

© 2026 The Author(s). *Psychology & Marketing* published by Wiley Periodicals LLC.

analytic loss. The methodological task is therefore to try to maintain neutrality while managing involvement, knowing when to slow, pause, skip, stop, or redirect in the face of distress, withdrawal, disruption, or shared vulnerability (Langley and Klag 2017; Rosales and Babri 2023). Despite these stakes, trauma remains underrepresented in marketing scholarship, comprising only 0.4% of articles in *Psychology & Marketing* over the past 50 years (Farrell et al. 2024).

This paper addresses this gap by developing a trauma-informed framework for qualitative market interviews. Its three foundations are the safety logic of trauma-informed care, including the "4Rs" and field-ready routines (SAMHSA 2014; Fischer et al. 2019; Wathen et al. 2021); co-construction in qualitative marketing, in which interviews are viewed as negotiated meaning-making rather than one-way extraction (Belk 2006; Lyndon and Edwards 2021; Russ et al. 2024); and an expanded lens of vulnerability that includes moderator susceptibility, including numbing, overflow, guilt, and secondary exposure, as ethical and methodological risk (Hubbard et al. 2001; Baker et al. 2005; Dickson-Swift et al. 2009; Hill and Sharma 2020; Mende et al. 2024). The framework also maintains the structural dimension of trauma-informed work, meaning that in crisis contexts, distress is not only individual but also sociopolitical, infrastructural, and ongoing (Liao et al. 2025).

Empirically, the study uses wartime Ukraine as a revelatory setting of shared traumatic reality. It examines 81 wartime interviews from two Ukraine-related qualitative projects: displaced Ukrainians abroad and marketing academics working under missile threat. Both projects addressed ordinary market-relevant topics that became potentially activating when intersecting with displacement, insecurity, institutional disruption, and ongoing war. To capture interviewer-side double exposure and post-field reactivation, the study also included three psychologist-led moderator debriefs focused on distress arising from interviewing, re-listening, transcription, analysis, and writing.

The paper aims to specify potentially transferable safeguards for trauma-sensitive market interviewing by connecting fieldwork practices, interpretations developed through moderator reflection, and recommendations from trauma-informed, co-constructed, qualitative ethics, and researcher-exposure literature. Accordingly, the study asks: RQ1: What interactional challenges arise when qualitative market interviews become trauma-sensitive under shared traumatic reality, and what safeguards support ethical and analytically productive dialogue? RQ2: How do moderators experience and manage distress before, during, and after interviews? The paper develops TI(C)MI as a flexible, non-clinical framework for activating safeguards when standard market-interview routines become insufficient.

2 | Literature Review

2.1 | Neutrality and Managed Involvement in Sensitive Marketing Interviews

Qualitative marketing has long explored emotionally charged experiences such as homelessness, bereavement, identity disruption, chronic illness, pandemic fear, and wartime displacement (Coulter and Ligas 2003; Baker 2006). Sensitive interviewing involves structural risk of harm (Thompson et al. 1989; Hill 1995), and research ethics are enacted interactionally rather than accomplished at consent (Dempsey et al. 2016; Shaw et al. 2019). Interviewer neutrality is therefore important in marketing to protect participants and the study's validity by reducing verbal and non-verbal cues that could influence or bias disclosure (Tourangeau and Smith 1996; Durrant et al. 2010; West and Blom 2016; MRS 2024). This approach is similar to therapeutic neutrality (Hoffer 1985; Greenberg 1986; Gelso and Kanninen 2017). However, disclosure is also dependent on rapport, empathic attunement, and responsive pacing (Zhang and Okazawa 2022; Schmid et al. 2024). Trauma-sensitive interviews may find neutrality unsafe or dismissive, while excessive involvement can lead to role drift and analytic loss. Thus, method scholarship transitions from "no involvement" to managed involvement and emphasizes boundary work, emotional labor, and auditable safeguards (Hubbard et al. 2001; Dickson-Swift et al. 2009; McLean and Leibing 2007; Gilmore and Kenny 2014; Langley and Klag 2017; de Rond 2012, 2025; Rosales and Babri 2023).

2.2 | Translating Trauma-Informed Care Into Interview-Level Safeguards

Trauma-informed care (TIC) was developed in U.S. mental health and social services settings to prevent re-traumatization and is often summarized by the 4Rs: realize, recognize, respond, and resist re-traumatization (SAMHSA 2014; Fischer et al. 2019). Its extension to education, emergency medicine, and military systems emphasizes safety, trust, choice, collaboration, empowerment, and cultural sensitivity (Berliner and Kolko 2016; Herzog et al. 2020; Guest 2021; Brown et al. 2022) and is supported by broader foundations of behavioral health (Levenson 2017; Hales et al. 2018; Grossman et al. 2021; Liu et al. 2024). In qualitative research, these principles translate into procedural safeguards: monitoring power and distress, setting clear expectations, pacing difficult topics, reiterating consent, offering choice/stop options, and maintaining boundaries (Isobel 2021; Alessi and Kahn 2022, 2025; Kähäri and Edelman 2023). Qualitative research in marketing has begun to introduce these safeguards, e.g., distress protocols, stopping rules, and referral pathways, especially in response to unexpected sensitivity during otherwise "normal" interviews (Machin et al. 2022; Shaw et al. 2019). The reviews point out that trauma-informed approaches are effective as ongoing micro-practices and not merely as aspirational labels (Bulford et al. 2024).

2.3 | Researcher Exposure, Vicarious Trauma, and Project-Level Care

Trauma-informed interviewing should also consider the researcher's exposure. Prolonged engagement with traumatic material can generate secondary or vicarious trauma, affecting transcription, analysis, supervision, and the researcher's well-being (Kiyimba and O'Reilly 2015; Williamson et al. 2020; Smith et al. 2021). However, researchers' care is frequently viewed as an individual responsibility, despite recommendations for planned debriefs, pacing, check-ins, workload limits, explicit

well-being plans, and self-care routines in challenging or extreme field contexts (Rager 2005; SVRI 2015; Vincett 2018; Claus et al. 2019; Sharma et al. 2023; Karcher et al. 2024). Health-focused qualitative research similarly advocates for routine check-ins, stopping rules, and post-interview decompression as essential elements of trauma-informed interviewing (Karmakar and Duggal 2023; Silverio et al. 2022). Ethnographic studies further show that distress persists through immersion and "resurfacing," necessitating planned recovery and containment both during data collection and post-fieldwork (McMurray 2021). This project-level perspective is central for market research because exposure continues beyond the interview phase and may resurface during replay, transcription, coding, writing, and supervision.

2.4 | Co-Construction and Role Boundaries Under Shared Traumatic Reality

Marketing interviews are co-constructed interactions in which interviewer and respondent jointly shape narratives (Thompson and Haytko 1997; Kozinets 2001). Service-dominant logic sees interactions as value co-creation (Vargo and Lusch 2004; Merz et al. 2009), with co-construction specifically denoting the interactional production of meaning during the interview. Practical forms include shared note editing, participant prompts, and closure-based sense-checking (Arnould and Wallendorf 1994; Cova and Dalli 2009). Reflexive co-production is accepted in marketing research (Belk 2006; Russ et al. 2024), but it offers few procedures for dealing with moments of distress, withdrawal, escalation, or role strain. Shared traumatic reality widens this gap, as the two parties may be exposed to the same or a related threat, which affects empathy, boundaries, and decision-making (Pearlman and Saakvitne 1995; Freedman and Tuval Mashiach 2018; Baum 2013; Dekel and Baum 2010). Boundary strain, role slippage, resistance, traces, and absences are treated as consequential data, not just noise (McLean and Leibing 2007; Gilmore and Kenny 2014; Cruz 2016; Anteby 2024) within organizational ethnography. Marketing vulnerability models tend to position risk predominantly with participants (Baker et al. 2005; Hill and Sharma 2020; Mende et al. 2024). However, in cases of shared trauma, moderators can also experience insecurity, overload, or moral implications (Schmid et al. 2024) and thus require protection as part of methodological rigor.

2.5 | Toward a Trauma-Informed, Co-Constructed Market Interview Framework

The literature offers three necessary but still fragmented resources for trauma-sensitive market interviewing: trauma-informed safeguards, co-constructed meaning-making, and researcher-protection practices. Marketing scholarship has begun to address trauma in the context of amplifying marginalized voices, reducing barriers of mistrust (Crosby et al. 2022; Nikidehaghani et al. 2022), and facilitating expression in the absence of direct narration (Bettany 2022). Additional research has investigated the influence of trauma on marketplace cognition and message reception by examining skepticism and trust dynamics (Kehle-Forbes et al. 2020; Waites et al. 2023). Co-creation is not always advantageous. When objectives are misaligned, roles are unclear, or resources are uneven, co-destruction of value can occur (Plé and Chumpitaz Cáceres 2010; Echeverri and Skålén 2011; Witell et al. 2011; Plé 2017; Buhalis et al. 2020; Shah et al. 2021). This risk increases when participants seek relief while moderators address their distress. What remains underdeveloped is a protocol for switching to bounded, trauma-informed co-construction when ordinary market interviews become trauma-sensitive. TI(C)MI addresses this gap by formalizing safeguards, co-construction, and moderator protection as a methodological infrastructure grounded in care-as-rigor, boundary work, and vicarious trauma guidance.

3 | Materials and Methods

3.1 | Research Context

Russia's full-scale invasion of Ukraine in February 2022 established a persistent shared traumatic reality affecting both daily life and research. By 2025, approximately 6.9 million Ukrainians had moved abroad, with some 3.7 million internally displaced and some 12.3 million in need of humanitarian assistance, including 2 million children (UNHCR 2025). As of early 2024, damage or destruction to 1443 buildings at 177 universities and institutes represented about one-fifth of the national total (Carter 2024). Teaching continued on disrupted campuses, in shelters, and over unstable online infrastructure. This setting provides a particularly relevant context for analyzing crisis interviewing, given the bidirectional nature of exposure, in which alerts and outages affect both parties. Operational constraints, such as curfews, fatigue, and connectivity issues, remain constant, and typical prompts may unexpectedly become sensitive.

3.2 | Participant Samples

Two war-exposed groups participated (Table 1). Sample 1 (S-1) comprised 32 displaced Ukrainians settled in Europe or North America. Recruitment combined diaspora associations and targeted outreach on Facebook and Telegram, suitable for mobile, hard-to-reach migrants (Baltar and Brunet 2012). Sample 2 (S-2) included 68 Ukrainian marketing academics in administrative and accreditation positions, recruited through the Ukrainian Union of Marketing Experts and snowball sampling (Biernacki and Waldorf 1981). Both samples were tertiary-educated and predominantly female. The objective was to identify potentially transferable safeguards in crisis interviews, not to compare the two groups.

3.3 | Interviewer Profiles

Three Ukrainian female marketing scholars conducted the interviews (Table 2): one relocated to Western Europe, while two stayed in Ukraine, in Kyiv and Lviv. All were both researchers and war-affected residents managing alerts, outages, and ongoing concerns for relatives, colleagues, and participants. The relocated moderator conducted most interviews because of greater infrastructural stability and availability across time zones.

TABLE 1 | Sample description and interview details.

Attribute	S-1: Displaced Ukrainians	S-2: Marketing faculty in Ukraine
Field window	Apr-Aug 2024	Mar-May 2025
Personal context	Forced migration; ties in Ukraine	Teaching/administration amid war
Location during fieldwork	Europe or North America	Multiple Ukrainian regions
Primary crisis exposure	Loss, displacement/resettlement, worry for loved ones	Physical threat, infrastructure damage, worry for loved ones
Gender mix	Six men/26 women	16 men/52 women
Education	Tertiary (all)	Tertiary (all)
Interview sessions	30	51
Unique participants	32	68
Pre-interview stage	33-item survey; consent + opt-in contact	27-item survey; consent + opt-in contact
Average interview length	47 min	97 min
Post-interview contact	None (gratitude only)	Ongoing collaboration

Note: "Unique participants" may exceed "interview sessions" because several interviews were conducted in small groups.

TABLE 2 | Moderator profiles and interview details.

Attribute	M-1: Displaced	M-2: Kyiv-based	M-3: Lviv-based
Field window	Apr-Aug 2024 & Mar–May 2025	Apr–Aug 2024 (refugees)	Mar–May 2025 (faculty)
Personal context	Forced migration, ties in Ukraine	Teaching/administration amid war, prior relocation experience	Teaching/administration amid war
Location during fieldwork	Western Europe	Kyiv, Ukraine	Lviv, Ukraine
Primary crisis exposure	Displacement/resettlement, worry for loved ones	Physical threat, infrastructure damage, prior displacement	Physical threat, infrastructure damage
Gender	Female	Female	Female
Education	Tertiary	Tertiary	Tertiary
Interview sessions	66	11	4
Unique participants	82	13	5

Note: "Unique participants" may exceed "interview sessions" because several interviews were conducted in small groups.

3.4 | Participant Interviews and Post-Field Moderator Debriefs

Each project began with an online introductory survey that remained anonymous until the final opt-in contact step. S-1 used a 33-item survey followed by interviews that averaged 47 min to examine how displaced Ukrainians made sense of life abroad, focusing on settlement trajectories, housing and work conditions, financial adaptation, language and institutional navigation, cross-cultural encounters, Ukrainian identity and tradition-keeping, diaspora and community support, professional continuity or downgrading, family responsibilities, and advice for newcomers. S-2 used a 27-item introductory survey and follow-up interviews averaging 97 min to examine wartime continuity in marketing education, including teaching constraints, student motivation, technological access, curriculum and assessment changes, cooperation with business, accreditation pressures, sustainability integration, and institutional support.

Semi-structured interviews were conducted in Ukrainian via Zoom, Viber, WhatsApp, and Telegram to reduce outages and time zone friction. During connection failures, audio-only options and brief voice or text notes were offered. The consent, in accordance with the Declaration of Helsinki, underscored voluntariness and the right to pause, skip, stop, or withdraw without penalty. Data were pseudonymized, encrypted, and stored with restricted access (Wiles 2013). Sampling continued until thematic saturation was achieved in each parent study (Guest et al. 2020). Both studies began as ordinary interviews on migration adaptation and wartime teaching rather than as sensitive-topic investigations. Emotionally sensitive moments arose at the intersection of practical topics and displacement, loss, uncertainty, and ongoing war, managed through non-clinical, low-interference micro-adjustments.

Following participant interviews and a brief cooling-off period, each moderator participated in an audio-recorded, structured online debrief led by a psychologist. Debriefs covered emotionally significant moments, embodied and paralinguistic cues, perceived resources before and after interviews, in-session self-regulation, post-session processing, cumulative load, and methodological insights. Debrief transcripts were anonymized and stored with the same restricted access as participant data.

3.5 | Data Analysis

Audio was transcribed via TurboScribe and manually verified. Transcripts retained paralinguistic annotations, including pauses, overlaps, and audible affect, as well as environmental cues such as sirens, interruptions, and connection loss. The analysis integrated two levels. NVivo 15 coding of participant interviews and moderator debriefs reconstructed interactional signals of strain or disruption, in situ micro-adjustments, and implications for interview continuity and analytic usability. A descriptive analysis employed normalized frequencies per 1000 words for specific stress-linked discourse categories: pronouns; lexicon related to death, negative emotions, anger, and body (D'Andrea et al. 2011; Kleim et al. 2018; Todorov et al. 2020; Yu et al. 2025); and markers of narrative disorganization or fragmentation (Auxéméry 2021; Gayraud and Auxéméry 2022, 2025). These indicators were used solely to triangulate paralinguistic and interactional observations. They were not employed for diagnostic purposes, to assess trauma prevalence, or to deduce individual psychological states. The complete descriptive values for participant interviews and moderator debriefs are presented in Appendix A4.

4 | Results

Results report the breakdown and repair points that emerged in both parent projects. Findings are organized by interview stage and perspective, highlighting signals, moderator micro-responses, and implications for continuity, boundaries, and analytic usability.

4.1 | Participant Side

4.1.1 | Recruiting and Intro Survey

The initial strain of introductory surveys was mainly operational: (i) soft consent without submission and (ii) infrastructure loss, especially in S-2, where blackouts and connectivity interruptions led to incomplete or lost survey entries that required re-completion. Moderator responses were logistical and minimal, comprising brief reminders, intake monitoring, and resubmission requests. These actions stabilized the flow but revealed a critical failure of linear assumptions: one-time completion and smooth progression were not always sustained amid shared disruption. A second issue arose upon recontact. The introductory survey's reliance on predefined categories prompted some participants to request modifications to earlier questions. This agency gap emerged during the transition from anonymity to identification.

4.1.2 | Invitation and Screening

The shift from anonymous surveys to identified follow-ups turned the invitation into a measure of trust. In S-1, some men raised concerns regarding their reputation for "leaving Ukraine," questioned the study's commissioning, and sought fewer identifiers, including refusal to be recorded. Women were generally less cautious upon entry. In S-2, recording encountered little contestation due to administrators' familiarity with evaluative procedures. Initial concerns centered on institutional positioning, including the study's initiators, purpose, and its connection to accreditation bodies or the ministry. Screening revealed potential "tight" zones that may strain future interactions: housing, finance, and adaptation (S-1), and accreditation and institutional support (S-2).

Moderators responded with concise procedural framing, including purpose, independence, voluntariness, privacy, and pseudonyms, and offered flexibility in modality upon request (audio-only, no video, or field notes). Screening served as a strain map, helping moderators identify high-risk blocks and adjust sequencing or wording for the live interview. The practical shift moved from generic reassurance to specific choice points and reporting boundaries. In contrast, standard consent language alone frequently failed to alleviate suspicion once anonymity ended. In S-2, collegial routing ('one of us') enhanced agreement and increased trust cues, such as sharing a backup number.

4.1.3 | Interview Opening

Post-contact, openings continued to evoke caution. Refugees generally initiated interactions with clarification requests, whereas faculty responded formally, offering concise answers consistent with accreditation-related communication. Moderators treated openings as recontracting rituals by briefly reiterating the study's origins, emphasizing voluntariness and independence, addressing privacy and the use of pseudonyms, and providing a specific time forecast. This typically reduced vigilance and relaxed formality, particularly in S-2 when the frame appeared non-evaluative. A recurrent issue involved the recording configuration, primarily among male participants in S-1, who declined to record or use video, necessitating audio-only participation or field notes. These adaptations enabled continuity but revealed a common failure: when recording options were not explicitly delineated as choices, initial defensiveness could result in negotiations that postponed or hindered disclosure.

4.1.4 | In-Session Talk Navigation

Strain manifested through clusters of verbal, paralinguistic, embodied, and environmental cues, such as lowered voice, prolonged pauses, breath-holding, trembling voice, temporal distortion, sirens, blackouts, and connection loss. As a secondary descriptive verification, normalized discourse indicators generally corresponded with these interactional observations. Both participant samples exhibited frequent hedges/repairs, negative-emotion terms, body references, and time/place uncertainty (Appendix A4). These indicators are considered supplementary triangulation rather than diagnostic or independent evidence of trauma.

Cue clusters often intensified around recurring tightening points before moderators adjusted pace or structure (Table 3): flashbacks to shelling or life-threatening events, fear for children, financial insecurity, discrimination, war intrusions, grief episodes, and anger or profanity-laden venting. Moderators responded by maintaining silence, offering one-line empathy, gently anchoring fragmented memories or time references, allowing anger to peak before restoring structure, and allowing participants to pause, skip, or return during moments of

TABLE 3 | Recurrent in-session tightening points, participant reactions, and moderator micro-responses.

Tightening point	Typical participant reaction	Participant quotation	Moderator micro-response	Moderator quotation
Flashbacks to life-threatening events: sirens/shelling (S-1, S-2)	Voice drops, long pause, nervous laugh	"I have never felt as calm here as I was there [in Ukraine]."	Hold silence, mirror feelings	"I understand; it is really frightening."
Intense fear for children (S-1, S-2)	Rapid breathless speech, tears	"My greatest fear is for the children... There will be war."	Briefly normalize and refocus with a concrete follow-up	"What helped you/them calm down?"
Financial insecurity (S-1)	Rumination, shame, self-justification	"I am so afraid of running out of money that I even count the liters in the shower."	Non-judgmental affirmation, restore agency, validate concern, and share a simple peer tip	"You did what you could."/ "Many of our people set money aside just for utilities."
Bureaucracy and discrimination (S-1)	Angry tone, rising pitch, rhetorical questions	"Why must I change citizenship? It was shocking."	Active empathy, invite elaboration	"I understand you totally!"
War intrusion/disruption (sirens, explosions, blackouts, connection loss) (S-1, S-2)	Sudden silence, fear, interruption/rushing off	"An explosion... give me a minute; I need to check on my 90-year-old mom."	Pause, safety check, and resume if feasible	"Are you safe right now? Can we continue?"
Grief episode over someone's death (S-2)	Audible crying (~5 min)	"She [a student] is coming back... how should I meet her?"	Go quiet, offer one-line empathy, and skip/return	"It really hurts!"/"We can skip this, if you want."
Anger/profanity-laden venting at Russian forces (S-2)	Raised voice, rapid speech, profanities	"Those damned ***... every single one of those *** will pay for this... sorry, it just slipped out."	Let vent crest, brief alignment, and return to structure	"I totally agree with you! This ***..."

Note: Quotations shortened and profanity masked; S-1 = displaced Ukrainians; S-2 = marketing faculty. The table reports observed tightening points and improvised moderator responses. These entries are not diagnostic categories and should not be read as recommended scripts; some responses illustrate boundary strain that later informed the TI(C)MI safeguards.

escalation or withdrawal. War intrusions were addressed through continuity decisions rather than by "pushing through." Interviews were paused, resumed, or split and continued later after the connection was restored. In some cases, dividing the interview seemed to reduce arousal and restore narrative coherence. These micro-repairs helped maintain narrative continuity without positioning moderators as therapists, thereby supporting ethical workability and analytic usability.

The main negative outcome was time drift. Some participants used interviews as a space for extensive emotional narration, substantially exceeding the guide, with one case lasting about 3 h. In these parent projects, boundaries were not always consistently restored, sometimes weakening the structure and increasing the emotional burden on moderators.

4.1.5 | Interview Closing

Closings exhibited distinctive affective patterns. Refugees frequently showed signs of relief, such as softened voices, slower speech, and expressions of gratitude, occasionally referring to the interview as a rare chance to speak Ukrainian or as "closing a gestalt." Faculty closings typically signaled a reversion to role-based control, marked by a structured tone, forward-looking discussions, and a rapid shift to subsequent actions like materials exchange, recruitment, or collaboration, sometimes under active alerts. Moderators viewed closure as a means of interactional containment: confirming completion, acknowledging effort, briefly re-establishing boundaries, and, when necessary, clarifying next steps. Bounded closings helped conclude conversations while preserving analytic value. S-1 participants often viewed interviews as a self-contained release, whereas S-2 participants more commonly saw them as a chance to regain professional agency.

4.2 | Moderator Side

4.2.1 | Clarifying Objectives

Moderators noted anticipatory alertness in an objective setting and recognized the potential emotional challenges of interviewing in wartime. Ukraine-based moderators characterized the baseline working conditions as psychologically abnormal, especially during interviews conducted amid bombardment, alerts, or unstable infrastructure. Objective setting evolved into risk calibration, which involved preparing for distress, pre-identifying potential tightening points, and clarifying how to maintain the interviewer role during emotional shifts in the session. Moderators reported feeling less destabilized when such calibration was explicit. In contrast, when interviews were initially viewed as "normal," moderators later described stronger guilt cognitions ('I caused this'), heightened emotional load, and greater difficulty maintaining role boundaries.

4.2.2 | Recruiting, Scheduling, and Screening

Moderators identified coordination, rather than the interview encounter itself, as a primary source of burden. Wartime volatility disrupted scheduling on messaging apps and Zoom, resulting in no-shows, time zone confusion, last-minute changes, and wasted mobilization efforts when participants failed to appear after moderators had emotionally prepared for the session. Stress was compounded by delays between survey completion and recontact ('By the time you did, a Ukrainian person had already wound themselves up...') or by disruption with moral import ('An air raid started,' 'I have other problems here'). This was addressed through standardization (consistent outreach language and procedures), redundancy (timely confirmations and fast-rescheduling protocols), and structural offloading (delegating coordination tasks wherever possible). These practices helped stabilize participation and reduce anticipatory strain. However, when coordination remained concentrated on a single moderator, the interview pipeline itself became a chronic stress amplifier, potentially leading to in-session depletion.

4.2.3 | Guide Design and Moderator Readiness

Moderator readiness was not only cognitive, in the sense of knowing the guide, but also embodied and moral. Planned interview durations of 60–90 min were frequently extended, necessitating prolonged concentration. Displaced moderators described feelings of survival guilt, contrasting their own stable internet and physical safety with the alerts and infrastructural disruptions their colleagues or participants faced. This first resulted in maximal accommodation in scheduling: "any time slot works." Another aspect of preparedness was calibrating appearance to convey professionalism and seriousness while remaining approachable and empathetic to participants' hardships. Two self-protection strategies were identified during fieldwork. The first was guide flexibility as an internal navigation plan, enabling moderators to reorder blocks or shift to less activating topics when escalation was detected. The second involved capacity regulation, replacing early over-accommodation with limits on daily interviews, increased spacing throughout the week, and refusal of late-night or weekend slots unless unavoidable. These capacity rules reduced cumulative depletion once adopted, though they typically appeared only after an initial overload period.

4.2.4 | Interview Opening

Openings heightened the anticipatory load because moderators needed to maintain the interview frame while monitoring background threats such as sirens, unstable connectivity, participant guardedness, and potential vulnerability. A further difficulty was the risk of sliding from interviewer into helper, especially when participants displayed distress early in the session. Moderators ensured stability by implementing rehearsed opening routines, setting clear time boundaries, controlling pacing, adopting a slower tempo, regulating breathing, and using the initial minutes for framing. These routines helped reduce immediate anxiety and limited guilt-driven improvisation during the interview.

4.2.5 | In-Session Talk Navigation

Moderators experienced double exposure both cognitively and physically, reporting chills or goosebumps, muscle tension, chest tightness, headaches, and reduced concentration, especially when narratives involved children, loss, danger, or morally challenging events. Guilt ('I caused this') and a perceived obligation to "fix" the situation intensified role strain.

Moderators employed in-the-moment self-regulation techniques such as internal grounding (e.g., attention to immediate surroundings), cognitive distancing (e.g., 'imagining another interviewer'), and self-instruction to maintain focus on the interview task. However, the most protective option of terminating, pausing, or substantially shortening uncontained sessions was not consistently implemented. The main negative effect was boundary strain, marked by significant interview overruns and associated with depletion, intrusive empathy, and self-blame. These episodes indicate that escalation without a clear containment frame may compromise both moderator well-being and interview structure.

4.2.6 | *Interview Closing*

Moral residue, in the form of unresolved distress, intrusive empathy, and ambiguity over whether termination of the interview was abandonment versus continuation was overextension, was frequently reported by moderators post-disconnection. This was followed by an emotional decline after the call. Decompression was done privately and ad hoc, with no prescribed post-call routine. It involved crying, a short rest, talking to close people, and basic recovery practices such as walking and sleeping. These practices provided temporary relief but shifted processing to the private sphere rather than to team or institutional support, thereby increasing the cumulative burden.

4.2.7 | *Post-Field*

Routine research tasks generated an extra layer of exposure. Replaying recordings, reading transcripts, and re-entering narratives during coding and writing reactivated distress, especially following interviews that included crying, panic-like escalation, war intrusions, or moral exhaustion. Coping without built-in protection was improvised: re-listening for accuracy could increase distress, while limiting exposure could hinder analytic processing. Clinician-led debriefs occurred post-fieldwork, serving as retrospective containment rather than as proactive protection. Moderator debriefs included stress-related discourse descriptors such as negative-emotion terms, body references, hedges/repairs, and time/place uncertainty, similar to participants' interviews (see Appendix A4).

5 | Discussion

5.1 | Introducing TI(C)MI

The findings indicate that trauma sensitivity extends beyond explicitly traumatic topics. It may arise when ordinary market-related questions intersect with loss, insecurity, infrastructural disruption, or shared threat. During these moments, the interview serves as a space for participants and moderators to negotiate what can be articulated, omitted, interrupted, corrected, or concluded securely.

We therefore present TI(C)MI, pronounced "tick me," as a flexible, non-clinical, trauma-informed, co-constructed market interview framework activated when distress, disruption, withdrawal, boundary strain, or shared vulnerability render ordinary moderation insufficient. TI(C)MI is practice-derived and literature-informed. Table 4 categorizes each component as field-observed practice (F), interpretive extension from moderator reflection and psychologist-led debriefs (I), or literature-informed recommendation (L). The Ukrainian case is viewed as a revealing context rather than a universal crisis model. The framework serves as a transferable safeguard structure that necessitates contextual adaptation and further testing. Appendices A1–A3 present implementation tools, including core scripts and screeners, rapid-response maps, and brief non-clinical stabilization techniques.

TI(C)MI organizes safeguards across pre-field, during-interview, and post-field procedures. Its logic is managed involvement: neutrality remains necessary for limiting steering and coercion, while bounded co-construction provides participants with choice and control without dissolving analytic purpose, role limits, or procedural containment. Pre-field routines implement "realize" and early "recognize" by mapping sensitive areas, allowing participant input, and creating low-burden readiness checks that do not require trauma disclosure. Routines in interviews enact "recognize" and "respond" through repeatable scripts, pause/skip/stop options, brief non-clinical empathy, grounding questions, disruption management, and closure-as-containment. Post-field routines mitigate re-traumatization ('resist') by extending protection to replay, transcription, coding, writing, and supervision. TI(C)MI, therefore, considers safety, agency, and moderator protection as essential components of data-quality infrastructure rather than optional considerations.

5.2 | Theoretical Contributions

Initially, the study repositions trauma in qualitative marketing research from an exceptional subject of investigation to a possible condition of ordinary market data production. Marketing methods typically consider trauma relevant only when the topic is explicitly sensitive, the population is predefined as vulnerable, or the context is evidently extreme. We shift attention from researching trauma to recognizing when ordinary market questions become trauma-sensitive due to loss, fear, shame, insecurity, or ongoing threat. This extends understanding of marketing vulnerability beyond consumer traits, market positions, and service-system disadvantages (Baker et al. 2005; Hill and Sharma 2020; Mende et al. 2024) by showing how vulnerability can be activated, intensified, or contained during the interview encounter.

Secondly, the study integrates shared traumatic reality into qualitative marketing methods as a condition that shapes data production, rather than as a mere contextual background. Building on clinical scholarship (Pearlman and Saakvitne 1995; Baum 2013; Freedman and Tuval Mashiach 2018), we show the methodological relevance of shared threat for marketing research, which may affect the nature of inquiries, the process of disclosure, the emergence of silence or fragmentation, the repair of interruptions, and the subsequent interpretation of material. This extends debates on crisis and fieldwork that consider emotion, absence, resistance, and disruption as having consequences for knowledge production (McLean and Leibing 2007; Gilmore and Kenny 2014; Cruz 2016; de Rond 2012, 2025; Anteby 2024).

TABLE 4 | TI(C)MI: Trauma-informed, co-constructed market interview protocol.

Phase	Task	Participant options	Moderator actions	Tool/script	Why it matters	Grounding
Pre-field	Clarify objectives	—	Map potentially activating items; flag questions requiring participant wording; identify a backup moderator or pause/reschedule options	Objective grid with trauma and co-construction flags (Appendix A1)	Prevents "ordinary" questions from drifting into unprepared trauma exposure	I/L
Pre-field	Recruit and intro survey	Respond anonymously; opt-in only at the final contact stage; add a question or topic	Insert participant-authored items; reorder blocks when needed	Intro-survey and add-a-question tool (Appendix A1)	Builds reciprocity before identification and reduces later defensiveness	F/I/L
Pre-field	Invite and screen	Choose mode (video/audio/text); indicate pause/skip preferences; complete comfort/readiness pulse 0-10	Confirm day-of availability; offer neutral rescheduling; prepare Plan B (resume later, switch mode, or continue in writing); adapt sequencing if strain is high	0–10 screener and day-of confirmation (Appendix A1)	Signals respect, reduces wasted emotional preparation, and anticipates strain before the interview starts	F/I/L
Pre-field	Design guide	—	Mark potentially activating items with ★; embed pause/skip cues after ★ items; bold participant-added items	Starred guide and micro-TIC scripts (Appendix A1)	Makes safety and choice operational when strain rises	I/L
Pre-field	Moderator readiness	—	Complete 60 s self-check 0–10, delay, swap, or reduce exposure if strain is high; set capacity rules, including limited interviews per day, spacing between interviews, and avoidance of late-night/weekend slots when possible	Self-check card and pacing rule (Appendix A1)	Treats moderator exposure as a methodological risk and reduces overload, role drift, and boundary strain	F/I/L
During	Open interview	Confirm preferred mode; complete starting comfort/readiness pulse; receive confirmation of the right to pause, skip, stop, or switch mode	Use repeatable "contract" (purpose, rights, time, recording/mode, and next steps), normalize interruptions; acknowledge participant-added item	30 s triad script: purpose/rights/time	Builds trust and co-ownership quickly while stabilizing the interview frame	F/I/L
During	Navigate talk	Pause, skip, change order, switch mode, return later, or stop	Use minimal non-clinical repair set (silence, one-line empathy, pause/skip/return, grounding question, privacy reminder, and return-to-structure move); avoid therapeutic interpretation	Rapid response scripts and non-clinical stabilization cues (Appendices A2 and A3)	Preserves interview flow without role collapse and keeps co-construction bounded	F/I/L

(Continues)

TABLE 4 | (Continued)

Phase	Task	Participant options	Moderator actions	Tool/script	Why it matters	Grounding
During	Manage disruption	Stop temporarily; resume later; switch to audio/text; split the interview	Check immediate safety/comfort; pause or reschedule; document disruption; avoid "pushing through" when coherence or safety is compromised	Disruption protocol and resume/split script (Appendix A2)	Makes disruption part of the protocol rather than an improvised exception	F/I
During	Close interview	Confirm whether anything important is missing; complete exit comfort/readiness pulse; clarify follow-up preferences	Confirm stop point; briefly acknowledge difficult content; summarize next steps; avoid abrupt disconnection after distress	Closing script: "Compared to the start, do you feel lighter, the same, or heavier?"	Reduces late escalation and restores participant control before ending	F/I/L
Post-field	Immediate moderator debrief	—	Record 5-min memo: what activated distress, what changed in the guide, what should be adapted or avoided next time, what support is needed	Voice-note or short memo template	Captures residue before it accumulates and reduces carryover into the next interview	F/I
Post-field	Peer huddle	—	Hold brief debriefs when exposure accumulates; share new triggers, boundary problems, and moderator strain; adapt guide or scheduling if needed	Huddle prompt	Distributes learning and emotional load rather than privatizing the moderator burden	F/I/L
Post-field	Transcribe and code	—	Use transcript-first review; avoid video/audio replay unless essential; cap replay; rotate heavy segments; code in short blocks; pause if moderator strain is high	Replay-cap and transcript-first checklist	Reduces secondary exposure while preserving analytic feasibility	I/L
Post-field	Write and report	—	Use two-pass writing (evidence first, narrative second); mask identifiers; re-check consent boundaries; distribute the heaviest excerpts across less-exposed team members when possible	Two-pass writing plan	Limits cumulative re-entry, strengthens ethical control, and protects analytic clarity	I/L

Thirdly, the study redefines neutrality as flexible managed involvement. Survey and interview traditions prioritize neutrality to protect validity and minimize interviewer effects (Tourangeau and Smith 1996; Durrant et al. 2010; West and Blom 2016), whereas qualitative marketing has accepted interviews as co-constructed interactions (Thompson and Haytko 1997; Kozinets 2001; Belk 2006; Russ et al. 2024). TI(C)MI is a middle ground between disinterested neutrality and overinvolvement. When interviews become trauma-sensitive, the researcher does not abandon neutrality in favor of therapy but instead activates bounded involvement through flexible, non-clinical routines. Co-construction is thus conceptualized as shared agency within a protected analytic frame.

Finally, the study reframes interviewer vulnerability from a well-being issue to a component of methodological rigor. Scholarship on researcher exposure addresses emotional labor, vicarious trauma, and post-field reactivation (Hubbard et al. 2001; Dickson-Swift et al. 2009; Kiyimba and O'Reilly 2015; Williamson et al. 2020; McMurray 2021; Karcher et al. 2024). TI(C)MI expands this literature on qualitative marketing methods by demonstrating that moderator overload, guilt, numbing, intrusive empathy, and replay distress can influence boundaries, decision-making, analysis, and interpretation. Moderator protection is therefore integral to the methodological framework that ensures data quality and analytic credibility.

5.3 | Practical Implications

TI(C)MI provides qualitative market researchers with a low-tech protocol for maintaining interview flow during moments of distress or disruption. It facilitates predictable contracting, explicit choice points, participant-authored input, bounded empathy, structured closing, and post-field exposure management, thereby diminishing dependence on individual interviewer intuition. For universities and supervision, the framework broadens market research training beyond standard guides, recruitment, and neutral moderation to include recognizing distress signals, managing interruptions, using pause/skip/stop options, safely concluding interviews, and safeguarding themselves during replay and analysis. TI(C)MI provides psychologists and ethics boards with clarity on the areas where specialist input is beneficial for research teams, including cue recognition, escalation thresholds, referral pathways, debriefing routines, recording alternatives, disruption procedures, and moderator protection.

5.4 | Limitations and Future Research

TI(C)MI is derived from practice and informed by the literature but lacks experimental validation. The small number of moderator debriefs limits assertions about interviewer-side experience; they served to identify exposure mechanisms rather than assess prevalence. Future studies should incorporate larger moderator teams, real-time micro-debriefs, and forward-looking field notes. The framework originated in wartime Ukraine, an extreme case of an ongoing shared traumatic reality. Transferability should be assessed in contexts where vulnerability is episodic, asymmetrical, culturally distinct, or less overtly shared. Future research should investigate the impact of specific safeguard combinations, including choice points, starred guides, bounded closure, replay limits, and peer debriefs, on participant comfort, interview continuity, analytic usability, and moderator well-being. Future research should refine thresholds for transitioning from standard interviewing to TI(C)MI and for identifying when safeguarded interviewing necessitates a clinical partnership.

6 | Conclusions

Qualitative market interviews may become trauma-sensitive when standard questions about consumption, work, mobility, identity, finance, or institutional trust intersect with shared threat. This article introduces TI(C)MI as a trauma-informed, co-constructed framework for recognizing these moments and activating bounded safeguards without transforming market research into therapy. By linking field-observed breakdown and repair points with trauma-informed care, co-constructed interviewing, qualitative ethics, and researcher-exposure literature, the framework repositions trauma as a possible condition of ordinary market data production. Its central contribution is to render participant agency, bounded moderator involvement, and moderator protection as auditable elements of methodological rigor.

Acknowledgments

The authors extend their sincere gratitude to the editor and the anonymous reviewers for their careful reading, constructive feedback, and valuable suggestions, which helped us refine the article's positioning and substantially improve its theoretical and methodological elaboration. We are also deeply grateful to Professor Michela Floris for her friendly review and thoughtful guidance during the final stages of this work's development. The authors extend heartfelt thanks to Professors Liudmyla Yarosh-Dmytrenko and Olena Bochko for moderating the Ukraine-based interviews. Finally, our deepest gratitude goes to every participant who generously opened their hearts and shared stories of resilience amid wartime. Open access publishing facilitated by Universita degli Studi di Cagliari, as part of the Wiley - CRUI-CARE agreement.

Funding

The authors have nothing to report.

Conflicts of Interest

The authors declare no conflicts of interest.

Data Availability Statement

The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

References

Alessi, E. J., and S. Kahn. 2022. "Toward a Trauma-Informed Qualitative Research Approach: Guidelines for Ensuring the Safety and Promoting the Resilience of Research Participants." *Qualitative Research in Psychology* 20: 121–154. https://doi.org/10.1080/14780887.2022.2107967.

Alessi, E. J., and S. Kahn. 2025. "Applying Trauma-Informed Research Guidelines to Qualitative Health Research: Techniques for Building

Researcher Confidence and Skills." *Qualitative Health Research*. https://doi.org/10.1177/10497323251377962.

Anteby, M. 2024. *The Interloper: Lessons From Resistance in the Field*. Princeton University Press.

Arnould, E. J., and M. Wallendorf. 1994. "Market-Oriented Ethnography: Interpretation Building and Marketing Strategy Formulation." *Journal of Marketing Research* 31, no. 4: 484–504. https://doi.org/10.2307/3151878.

Auxéméry, Y. 2021. "A New Approach to Diagnose Psychological Trauma Starting From a Pilot Study: Description of the Post-Traumatic Psycholinguistic Syndrome." *European Journal of Trauma & Dissociation* 5, no. 4: 100167. https://doi.org/10.1016/j.ejtd.2020.100167.

Baker, S. 2006. "Consumer Normalcy: Understanding the Value of Shopping Through Narratives of Consumers With Visual Impairments." *Journal of Retailing* 82, no. 1: 37–50. https://doi.org/10.1016/j.jretai.2005.11.003.

Baker, S. M., J. W. Gentry, and T. L. Rittenburg. 2005. "Building Understanding of the Domain of Consumer Vulnerability." *Journal of Macromarketing* 25, no. 2: 128–139. https://doi.org/10.1177/0276146705280622.

Baltar, F., and I. Brunet. 2012. "Social Research 2.0: Virtual Snowball Sampling Method Using Facebook." *Internet Research* 22, no. 1: 57–74. https://doi.org/10.1108/10662241211199960.

Baum, N. 2013. "Professionals' Double Exposure in the Shared Traumatic Reality of Wartime: Contributions to Professional Growth and Stress." *British Journal of Social Work* 44, no. 8: 2113–2134. https://doi.org/10.1093/bjsw/bct085.

Belk, R. W. 2006. *Handbook of Qualitative Research Methods in Marketing*. Edward Elgar.

Berliner, L., and D. J. Kolko. 2016. "Trauma Informed Care: A Commentary and Critique." *Child maltreatment* 21, no. 2: 168–172. https://doi.org/10.1177/1077559516643785.

Bettany, S. 2022. "Doing Marketing Differently: An Artnography of Cathartic Consumption in Trauma." *Journal of Marketing Management* 38: 1851–1872. https://doi.org/10.1080/0267257x.2022.2070238.

Biernacki, P., and D. Waldorf. 1981. "Snowball Sampling: Problems and Techniques of Chain Referral Sampling." *Sociological Methods & Research* 10, no. 2: 141–163. https://doi.org/10.1177/004912418101000205.

Brown, T., H. Ashworth, M. Bass, et al. 2022. "Western Journal of Emergency Medicine." *Western Journal of Emergency Medicine* 23, no. 3: 334–344. https://doi.org/10.5811/westjem.2022.1.53674.

Buhalis, D., L. Andreu, and J. Gnoth. 2020. "The Dark Side of the Sharing Economy: Balancing Value Co-Creation and Value Co-Destruction." *Psychology & Marketing* 37, no. 5: 689–704. https://doi.org/10.1002/mar.21344.

Bulford, E., S. Baloch, J. Neil, and K. Hegarty. 2024. "Primary Healthcare Practitioners' Perspectives on Trauma-Informed Primary Care: A Systematic Review." *BMC Primary Care* 25, no. 1: 336. https://doi.org/10.1186/s12875-024-02573-4.

Carter, D. 2024 March 1. *One in Five HE Institutions Damaged or Destroyed in War*. University World News.

Claus, L., M. de Rond, J. Howard-Grenville, and J. S. Lodge. 2019. "When Fieldwork Hurts: On the Lived Experience of Conducting Research in Unsettling Contexts." In *Research in the Sociology of Organizations*, 157–172. Emerald.

Cooper, S. H. 2022. "The Activity of Neutrality." *Psychoanalytic Quarterly* 91, no. 2: 355–369. https://doi.org/10.1080/00332828.2022.2078156.

Coulter, R. A., and M. S. Ligas. 2003. *To Retain or To Relinquish: Exploring the Disposition Practices of Packrats and Purgers*. Advances in Consumer Research, 30.

Cova, B., and D. Dalli. 2009. "Working Consumers: The Next Step in Marketing Theory?" *Marketing Theory* 9, no. 3: 315–339. https://doi.org/10.1177/1470593109338144.

Crosby, E., K. McKeage, T. L. Rittenburg, and N. R. Adkins. 2022. "Amplifying Marginalised Consumers' Voices: A Case for Trauma-Informed Qualitative Methodologies." *International Journal of Market Research* 65, no. 2–3: 320–339. https://doi.org/10.1177/14707853221139576.

Cruz, J. 2016. "Following Traces: An Organizational Ethnography in the Midst of Trauma." *Qualitative Research in Organizations and Management: An International Journal* 11, no. 4: 214–231. https://doi.org/10.1108/qrom-02-2016-1366.

D'Andrea, W., P. H. Chiu, B. R. Casas, and P. Deldin. 2011. "Linguistic Predictors of Post-Traumatic Stress Disorder Symptoms Following 11 September 2001." *Applied Cognitive Psychology* 26, no. 2: 316–323. https://doi.org/10.1002/acp.1830.

de Rond, M. 2012. "Soldier, Surgeon, Photographer, Fly: Fieldwork Beyond the Comfort Zone." *Strategic Organization* 10, no. 3: 256–262. https://doi.org/10.1177/1476127012452819.

de Rond, M. 2025. *Dark Justice: Inside the World of Paedophile Hunters*. Cambridge University Press.

Dekel, R., and N. Baum. 2010. "Intervention in a Shared Traumatic Reality: A New Challenge for Social Workers." *British Journal of Social Work* 40, no. 6: 1927–1944. http://www.jstor.org/stable/43687579.

Dempsey, L., M. Dowling, P. Larkin, and K. Murphy. 2016. "Sensitive Interviewing in Qualitative Research." *Research in Nursing & Health* 39, no. 6: 480–490. https://doi.org/10.1002/nur.21743.

Dickson-Swift, V., E. L. James, S. Kippen, and P. Liamputtong. 2009. "Researching Sensitive Topics: Qualitative Research as Emotion Work." *Qualitative Research* 9, no. 1: 61–79. https://doi.org/10.1177/1468794108098031.

Durrant, G. B., R. M. Groves, L. Staetsky, and F. Steele. 2010. "Effects of Interviewer Attitudes and Behaviors on Refusal in Household Surveys." *Public Opinion Quarterly* 74, no. 1: 1–36. https://doi.org/10.1093/poq/nfp098.

Echeverri, P., and P. Skålén. 2011. "Co-Creation and Co-Destruction: A Practice-Theory Based Study of Interactive Value Formation." *Marketing Theory* 11, no. 3: 351–373. https://doi.org/10.1177/1470593111408181.

Farrell, J. R., J. Machin, A. M. Mirabito, et al. 2024. "Mental Illness and Marketing: A 50-Year Scoping Review and Future Research Framework." *Psychology & Marketing* 41, no. 11: 2555–2573. https://doi.org/10.1002/mar.22070.

Fischer, K. R., K. M. Bakes, T. J. Corbin, et al. 2019. "Trauma-Informed Care for Violently Injured Patients in the Emergency Department." *Annals of Emergency Medicine* 73, no. 2: 193–202. https://doi.org/10.1016/j.annemergmed.2018.10.018.

Freedman, S. A., and R. Tuval Mashiach. 2018. "Shared Trauma Reality in War: Mental Health Therapists' Experience." *PLoS One* 13, no. 3: e0191949. https://doi.org/10.1371/journal.pone.0191949.

Gayraud, F., and Y. Auxéméry. 2022. "Identification of the Marks of Psychic Trauma in Spoken Language: Definition of the "SPLIT-10" Diagnostic Scale." *Annales Médico-Psychologiques, Revue Psychiatrique* 180, no. 3: 195–212. https://doi.org/10.1016/j.amp.2021.09.016.

Gayraud, F., and Y. Auxéméry. 2025. "Linguistic Agentivity as a Marker of Traumatic Discourse." *European Journal of Trauma & Dissociation* 9, no. 1: 100501. https://doi.org/10.1016/j.ejtd.2025.100501.

Gelso, C. J., and K. M. Kanninen. 2017. "Neutrality Revisited: on the Value of Being Neutral Within an Empathic Atmosphere." *Journal of Psychotherapy Integration* 27, no. 3: 330–341. https://doi.org/10.1037/int0000072.

Gentry, W., T. Weber, and G. Sadri. 2016. "Empathy in the Workplace: A Tool for Effective Leadership." *Center for Creative*

Leadership. https://cclinnovation.org/wp-content/uploads/2020/03/empathyintheworkplace.pdf.

Gilmore, S., and K. Kenny. 2014. "Work-Worlds Colliding: Self-Reflexivity, Power and Emotion in Organizational Ethnography." *Human Relations* 68, no. 1: 55–78. https://doi.org/10.1177/0018726714531998.

Greenberg, J. R. 1986. "Theoretical Models and the Analyst's Neutrality." *Contemporary Psychoanalysis* 22, no. 1: 87–106. https://doi.org/10.1080/00107530.1986.10746117.

Griffin, D. (2024, July 22). *Grounding a Teen Experiencing a Flashback*. The National Child Traumatic Stress Network.

Grossman, S., Z. Cooper, H. Buxton, et al. 2021. "Trauma-Informed Care: Recognizing and Resisting Re-Traumatization in Health Care." *Trauma Surgery & Acute Care Open* 6, no. 1: 000815. https://doi.org/10.1136/tsaco-2021-000815.

Guest, G., E. Namey, and M. Chen. 2020. "A Simple Method to Assess and Report Thematic Saturation in Qualitative Research." *PLoS One* 15, no. 5: e0232076. https://doi.org/10.1371/journal.pone.0232076.

Guest, H. 2021. "A Concept Analysis of Trauma-Informed Care." *Nursing Forum* 56, no. 4: 1000–1007. https://doi.org/10.1111/nuf.12626.

Hales, T. W., S. A. Green, S. Bissonette, et al. 2018. "Trauma-Informed Care Outcome Study." *Research on Social Work Practice* 29, no. 5: 529–539. https://doi.org/10.1177/1049731518766618.

Harvard Negotiation Project (HNP). (n.d). *PON—Program on Negotiation at Harvard Law School*. Available at: https://www.pon.harvard.edu/category/research_projects/harvard-negotiation-project/(accessed 8 September 2025).

Haskell, D., R. Cuellar, M. Clarke, et al. NCTSN Secondary Traumatic Stress Collaborative Group 2022. *Secondary Traumatic Stress Core Competencies for Trauma-Informed Support and Supervision: Cross-Disciplinary Version—Companion Document: Strategies and Resources to Support Implementation of Supervisor Competencies*. National Center for Child Traumatic Stress.

Herzog, J. R., J. D. Whitworth, and D. L. Scott. 2020. "Trauma Informed Care With Military Populations." *Journal of Human Behavior in the Social Environment* 30, no. 3: 265–278. https://doi.org/10.1080/10911359.2019.1679693.

Hill, R. P. 1995. "Researching Sensitive Topics in Marketing: The Special Case of Vulnerable Populations." *Journal of Public Policy & Marketing* 14, no. 1: 143–148. http://www.jstor.org/stable/30000386.

Hill, R. P., and E. Sharma. 2020. "Consumer Vulnerability." *Journal of Consumer Psychology* 30, no. 3: 551–570. https://doi.org/10.1002/jcpy.1161.

Hoffer, A. 1985. "Toward a Definition of Psychoanalytic Neutrality." *Journal of the American Psychoanalytic Association* 33, no. 4: 771–795. https://doi.org/10.1177/000306518503300402.

Hubbard, G., K. Backett-Milburn, and D. Kemmer. 2001. "Working With Emotion: Issues for the Researcher in Fieldwork and Teamwork." *International Journal of Social Research Methodology* 4, no. 2: 119–137. https://doi.org/10.1080/136455701750158886.

IFRC Reference Centre for Psychosocial Support. (2018). A Guide to Psychological First Aid for Red Cross and Red Crescent Societies. Copenhagen. Available at: https://pscentre.org/wp-content/uploads/2019/05/PFA-Guide-low-res.pdf.

Isobel, S. 2021. "Trauma-Informed Qualitative Research: Some Methodological and Practical Considerations." *International Journal of Mental Health Nursing* 30, no. S1: 1456–1469. https://doi.org/10.1111/inm.12914.

Kabat-Zinn, J. 1991. *Full Catastrophe Living: Using the Wisdom of Your Body and Mind to Face Stress, Pain, and Illness*. Dell Publishing.

Kähäri, O., and K. Edelman. 2023. "Conducting Sensitive Interviews Online." *Symbolic Interaction* 47, no. 1: 68–92. https://doi.org/10.1002/symb.674.

Karcher, K., J. McCuaig, and S. King-Hill. 2024. "Self Reflection/Reflexivity in Sensitive, Qualitative Research: A Scoping Review." *International Journal of Qualitative Methods* 23. https://doi.org/10.1177/16094069241261860.

Karmakar, S., and C. Duggal. 2023. "Trauma-Informed Approach to Qualitative Interviewing in Non-Suicidal Self-Injury Research." *Qualitative Health Research* 34, no. 1–2: 33–47. https://doi.org/10.1177/10497323231207746.

Kehle-Forbes, S. M., H. Gerould, M. A. Polusny, N. A. Sayer, and M. R. Partin. 2020. "It Leaves Me Very Skeptical" Messaging in Marketing Prolonged Exposure and Cognitive Processing Therapy to Veterans With PTSD." *Psychological Trauma: Theory, Research, Practice, and Policy* 14, no. 5: 849–852. https://doi.org/10.1037/tra0000550.

Kiyimba, N., and M. O'Reilly. 2015. "The Risk of Secondary Traumatic Stress in the Qualitative Transcription Process: A Research Note." *Qualitative Research* 16, no. 4: 468–476. https://doi.org/10.1177/1468794115577013.

Kleim, B., A. B. Horn, R. Kraehenmann, M. R. Mehl, and A. Ehlers. 2018. "Early Linguistic Markers of Trauma-Specific Processing Predict Post-Trauma Adjustment." *Frontiers in Psychiatry* 9: 645. https://doi.org/10.3389/fpsyt.2018.00645.

Kozinets, R. V. 2001. "Utopian Enterprise: Articulating the Meanings OfStar Trek's Culture of Consumption: Figure 1." *Journal of Consumer Research* 28, no. 1: 67–88. https://doi.org/10.1086/321948.

Kuhn, E., C. Greene, J. Hoffman, et al. 2014. "Preliminary Evaluation of PTSD Coach, a Smartphone App for Post-Traumatic Stress Symptoms." *Military Medicine* 179, no. 1: 12–18. https://doi.org/10.7205/milmed-d-13-00271.

Langley, A., and M. Klag. 2017. "Being Where? Navigating the Involvement Paradox in Qualitative Research Accounts." *Organizational Research Methods* 22, no. 2: 515–538. https://doi.org/10.1177/1094428117741967.

Levenson, J. 2017. "Trauma-Informed Social Work Practice." *Social Work* 62, no. 2: 105–113. https://doi.org/10.1093/sw/swx001.

Liao, C., C. Varcoe, H. Brown, and I. Pike. 2025. "Weaving Structural Violence into Trauma-Informed Qualitative Health Research With Populations Considered Vulnerable." *International Journal of Qualitative Methods* 24. https://doi.org/10.1177/16094069251340906.

Linehan, M. M. 2015. *DBT® Skills Training Manual*. Guilford Press.

Liu, V. C., L. E. Nelson, and S. Shorey. 2024. "Experiences of Women Receiving Trauma-Informed Care: A Qualitative Systematic Review." *Trauma, Violence & Abuse* 25, no. 4: 3054–3065. https://doi.org/10.1177/15248380241234346.

Lyndon, S., and B. Edwards. 2021. "Beyond Listening: The Value of Co-Research in the Co-Construction of Narratives." *Qualitative Research* 22, no. 4: 613–631. https://doi.org/10.1177/1468794121999600.

Machin, J. E., T. Brister, R. M. Bossarte, et al. 2022. "Conversations about Conducting Marketing Research in Mental Health." *Journal of Consumer Marketing* 39, no. 6: 569–578. https://doi.org/10.1108/JCM-02-2022-5212.

McLean, A., and A. Leibing. 2007. *The Shadow Side of Fieldwork: Exploring the Blurred Borders Between Ethnography and Life*. Wiley-Blackwell.

McMurray, R. 2021. "Immersion, Drowning, Dispersion and Resurfacing: Coping With the Emotions of Ethnographic Management Learning." *Management Learning* 53, no. 3: 439–459. https://doi.org/10.1177/13505076211020456.

Mende, M., T. W. Bradford, A. L. Roggeveen, M. L. Scott, and M. Zavala. 2024. "Consumer Vulnerability Dynamics and Marketing: Conceptual Foundations and Future Research Opportunities." *Journal of the Academy of Marketing Science* 52: 1301–1322. https://doi.org/10.1007/s11747-024-01039-4.

Merz, M. A., Y. He, and S. L. Vargo. 2009. "The Evolving Brand Logic: A Service-Dominant Logic Perspective." *Journal of the Academy of Marketing Science* 37, no. 3: 328–344. https://doi.org/10.1007/s11747-009-0143-3.

Mind2021. *Anxiety and Panic Attacks*. Mind.

MRS2024 August. *MRS Best Practice Guide on Research Participant Vulnerability*. Market Research Society.

Nestor, J. 2020. *Breath: The New Science of a Lost Art*. Riverhead Books.

Nikidehaghani, M., F. Hui-Truscott, and C. Cortese. 2022. "Researching Vulnerable Participants: The Role of Critical Reflexivity in Overcoming Methodological Challenges." *International Journal of Market Research* 65, no. 2–3: 237–258. https://doi.org/10.1177/14707853221137467.

Office for Victims of Crime (OVC) n.d. "The Vicarious Trauma Toolkit | Introduction." U.S. Department of Justice, Office of Justice Programs. Accessed 8 September 2025. https://ovc.ojp.gov/program/vtt/introduction.

Owen, J. E., E. Kuhn, A. L. Jamison, et al. 2025. "The National Center for PTSD Model for Digital Mental Health: A Public Sector Approach to Development, Evaluation, Implementation, and Optimization of Resources for Helping Trauma Survivors." *Psychological Trauma: Theory Research Practice and Policy* 17, no. Suppl 1: S176–S185. https://doi.org/10.1037/tra0001838.

Pearlman, L. A., and K. W. Saakvitne. 1995. *Trauma and the Therapist: Countertransference and Vicarious Traumatization in Psychotherapy With Incest Survivors*. W. W. Norton & Company.

Plé, L. 2017. "Why Do We Need Research on Value Co-Destruction?" *Journal of Creating Value* 3, no. 2: 162–169. https://doi.org/10.1177/2394964317726451.

Plé, L., and R. Chumpitaz Cáceres. 2010. "Not Always Co-Creation: Introducing Interactional Co-Destruction of Value in Service-Dominant Logic." *Journal of Services Marketing* 24, no. 6: 430–437. https://doi.org/10.1108/08876041011072546.

Rager, K. B. 2005. "Self-Care and the Qualitative Researcher: When Collecting Data Can Break Your Heart." *Educational Researcher* 34, no. 4: 23–27. https://doi.org/10.3102/0013189x034004023.

Rosales, V., and M. Babri. 2023. "Harnessing Emotions for Embodied Reflexivity in Organizational Ethnography." *International Journal of Qualitative Methods* 22. https://doi.org/10.1177/16094069231196460.

Russ, E., M. Petrakis, L. Whitaker, R. Fitzroy, and M. Short. 2024. "Co-Operative Inquiry: Qualitative Methodology Transforming Research 'About' to Research 'With' People." *Qualitative Research* 25, no. 1: 43–64. https://doi.org/10.1177/14687941241234272.

Schmid, E., V. Garrels, and B. Skåland. 2024. "The Continuum of Rapport: Ethical Tensions in Qualitative Interviews With Vulnerable Participants." *Qualitative Research* 24, no. 5: 1253–1271. https://doi.org/10.1177/14687941231224600.

Shah, S. H. H., S. Noor, A. B. Ahmad, A. S. Butt, and S. Lei. 2021. "Retrospective View and Thematic Analysis of Value Co-Creation Through Bibliometric Analysis." *Total Quality Management & Business Excellence* 33, no. 7–8: 752–776. https://doi.org/10.1080/14783363.2021.1890017.

Sharma, P., M. Toubiana, K. Lashley, F. Massa, K. Rogers, and T. Ruebottom. 2023. "Honing the Craft of Qualitative Data Collection in Extreme Contexts." *Journal of Management Inquiry* 33, no. 2: 99–114. https://doi.org/10.1177/10564926231194271.

Shaw, R. M., J. Howe, J. Beazer, and T. Carr. 2019. "Ethics and Positionality in Qualitative Research With Vulnerable and Marginal Groups." *Qualitative Research* 20, no. 3: 277–293. https://doi.org/10.1177/1468794119841839.

Silverio, S. A., K. S. Sheen, A. Bramante, et al. 2022. "Sensitive, Challenging, and Difficult Topics: Experiences and Practical Considerations for Qualitative Researchers." *International Journal of Qualitative Methods* 21. https://doi.org/10.1177/16094069221124739.

Smith, E., J.-A. Pooley, L. Holmes, K. Gebbie, and R. Gershon. 2021. "Vicarious Trauma: Exploring the Experiences of Qualitative Researchers Who Study Traumatized Populations." *Disaster Medicine and Public Health Preparedness* 17: e69. https://doi.org/10.1017/dmp.2021.333.

Substance Abuse and Mental Health Services Administration (SAMHSA). 2014. SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach (HHS Publication No. SMA 14-4884). Rockville, MD: Substance Abuse and Mental Health Services Administration.

SVRI 2015. *Guidelines for the Prevention and Management of Vicarious Trauma Among Researchers of Sexual and Intimate Partner Violence*. Sexual Violence Research Initiative.

Swaminath, G. 2006. "'Joke's A Part': In Defence of Humour." *Indian Journal of Psychiatry* 48, no. 3: 177–180. https://doi.org/10.4103/0019-5545.31581.

Thompson, C. J., and D. L. Haytko. 1997. "Speaking of Fashion: Consumers' Uses of Fashion Discourses and the Appropriation of Countervailing Cultural Meanings." *Journal of Consumer Research* 24, no. 1: 15–42. https://doi.org/10.1086/209491.

Thompson, C. J., W. B. Locander, and H. R. Pollio. 1989. "Putting Consumer Experience Back into Consumer Research: The Philosophy and Method of Existential-Phenomenology." *Journal of Consumer Research* 16, no. 2: 133–146. https://doi.org/10.1086/209203.

Todorov, G., K. Mayilvahanan, C. Cain, and C. Cunha. 2020. "Context- and Subgroup-Specific Language Changes in Individuals Who Develop PTSD After Trauma." *Frontiers in Psychology* 11: 989. https://doi.org/10.3389/fpsyg.2020.00989.

Tourangeau, R., and T. W. Smith. 1996. "Asking Sensitive Questions: The Impact of Data Collection Mode, Question Format, and Question Context." *Public Opinion Quarterly* 60, no. 2: 275–304. https://doi.org/10.1086/297751.

UNHCR 2025. *Ukraine Refugee Crisis: Aid, Statistics and News | USA for UNHCR*. The UN Refugee Agency.

Van der Kolk, B. A. 2014. *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma*. Viking.

Van Dernoot Lipsky, L., and C. Burk. 2009. *Trauma Stewardship: An Everyday Guide to Caring for Self While Caring for Others*. Berrett-Koehler Publishers.

Vargo, S. L., and R. F. Lusch. 2004. "Evolving to a New Dominant Logic for Marketing." *Journal of Marketing* 68, no. 1: 1–17. https://doi.org/10.1509/jmkg.68.1.1.24036.

Vincett, J. 2018. "Researcher Self-Care in Organizational Ethnography." *Journal of Organizational Ethnography* 7, no. 1: 44–58. https://doi.org/10.1108/joe-09-2017-0041.

Waites, S. F., J. L. Stevens, and T. Hancock. 2023. "Trauma's Effects on Shopper Choice Confusion: The Role of Psychological Hardiness and Retailer Strategies as Mitigating Factors." *Journal of Retailing and Consumer Services* 72: 103277. https://doi.org/10.1016/j.jretconser.2023.103277.

Wathen, C. N., B. Schmitt, and J. MacGregor. 2021. "Measuring Trauma- (and Violence-) Informed Care: A Scoping Review." *Trauma, Violence & Abuse* 24, no. 1: 261–277. https://doi.org/10.1177/15248380211029399.

West, B. T., and A. G. Blom. 2016. "Explaining Interviewer Effects: A Research Synthesis." *Journal of Survey Statistics and Methodology* 5, no. 2: smw024. https://doi.org/10.1093/jssam/smw024.

WHO 2011. *Psychological First Aid: Guide for Field Workers*. WHO Press.

Wiles, R. 2013. *What are Qualitative Research Ethics?* Bloomsbury Academic.

Williamson, E., A. Gregory, H. Abrahams, N. Aghtaie, S.-J. Walker, and M. Hester. 2020. "Secondary Trauma: Emotional Safety in Sensitive Research." *Journal of Academic Ethics* 18, no. 1: 55–70. https://doi.org/10.1007/s10805-019-09348-y.

Witell, L., P. Kristensson, A. Gustafsson, and M. Löfgren. 2011. "Idea Generation: Customer Co-Creation Versus Traditional Market Research Techniques." *Journal of Service Management* 22, no. 2: 140–159. https://doi.org/10.1108/09564231111124190.

Yu, Z., Z. Gu, Y. Shen, and J. Lu. 2025. "The Relationship Between Language Features and Ptsd Symptoms: A Systematic Review and Meta-Analysis." *Frontiers in Psychiatry* 16: 1476978. https://doi.org/10.3389/fpsyt.2025.1476978.

Zaccaro, A., A. Piarulli, M. Laurino, et al. 2018. "How Breath-Control can Change Your Life: A Systematic Review on Psycho-Physiological Correlates of Slow Breathing." *Frontiers in Human Neuroscience* 12: 353. https://doi.org/10.3389/fnhum.2018.00353.

Zhang, T., and R. Okazawa. 2022. "Managing Neutrality, Rapport, and Antiracism in Qualitative Interviews." *Qualitative Research* 23, no. 6: 1689–1713. https://doi.org/10.1177/14687941221110183.

Appendix A1

Pre-field practical tools and scripts

Tool	How to prepare it	How to use it in practice
Objective grid with "trauma" and "co-construction" flags	Create a three-column table containing: (1) market-research questions, (2) analytic objectives, and (3) trauma/co-construction flags. Mark with a ★ any potentially activating item that may intersect with loss, threat, shame, stigma, etc. Bold items that may benefit from participant phrasing.	During the team kick-off, decide which ★ items are optional, may be reordered, or can be postponed. Identify a backup moderator and agree on pause, substitution, and rescheduling options.
Introductory survey with "add-a-question" box	Combine short, close-ended items with one optional prompt: "*Is there a question or topic you would like us to include in the interview?*"	After data downloading, bold any viable participant-authored question(s) or topic(s) in the interview guide so that they are explicitly acknowledged during the interview.
Comfort/readiness pulse (0–10)	Use four sliders or radio button items assessing: overall current strain, topic-specific concern, reluctance to talk that day, and comfort with recording. Use consistent anchors, with higher scores indicating greater strain or discomfort.	Attach the pulse to the scheduling message or administer it during the day-off confirmation. Any score ≥7 should trigger an immediate offer to reschedule, shorten the session, change the mode, or continue at another time.
Starred interview guide with TIC scripts	Start with the agreed-upon interview flow, insert participant-authored items, and place a ★ next to every potentially activating question. Add the TIC script after each ★ item.	Keep the guide printed or opened on a secondary monitor. Before introducing a ★ item, attent to the participant's verbal, paralinguistic, and embodied cues. If strain becomes apparent, use the TIC script.
60 second moderator readiness self-check	Prepare a visible card stating: *"My current strain (0–10): _. If ≥ 7 → pause/swap/shorten/reschedule."*	Immediately before the call, the moderator should complete the honest self-check. If the score is 7 or higher, the interview should be delayed, shortened, rescheduled, or redirected to a backup moderator. The incident should be briefly recorded in the moderator memo.

Note: These tools are low-burden readiness and planning instruments. They are not intended to assess trauma, establish psychological diagnoses, or require participants or moderators to disclose traumatic experiences.

Appendix A2

Rapid-response map for interviews under shared-traumatic-reality

Reaction	Typical manifestations	Suggested response when observed in the participant	Suggested moderator self-responce	Suggested reference
Freeze/dissociation	Blank stare, fixed gaze, prolonged silence, monotone speech	"*I notice a pause - shall we take a moment?*" Offer to turn off the camera or take a short break; invite the participant to take a sip of water; normalize pausing.	Look away from the screen; place both feet on floor; slow the breath; take a sip of water; resume only if sel-frated strain falls below 7/10.	WHO (2011)
Fight/anger	Raised voice, table-tapping, profanity, clipped speech	Allow the venting to peak; summarize neutrally; check readiness to continue ("*Shall we go on?*"); avoid debate.	Record the trigger; postpone the next session if arousal remains elevated; take a short walk or use deliberate breathing.	HNP (n.d)
Flight/acute anxiety	Shallow breathing, rapid speech, code-switching, fidgeting	Slow the pace; normalize the response ("*Many people feel this way*"); offer to skip the topic or return to it later; invite one slow breath together.	Box breathing (4-4-4-4); quick visual grounding (name three objects); reduce on-screen stimuli.	Zaccaro et al. (2018)
Panic attack	"*I cannot breathe*," trembling, chest pressure, dizziness	Pause and orient the participant to the present ("*You are here with me now; let us focus on the present moment*"). Invite one slow breath together and offer to stop. Do not instruct the participant to breath heavily or use a paper bag. Seek medical assistance if red flags symptoms occur (chest pain, fainting).	Identify five surroundings; anchor breath; speak slowly or stay quiet; do not rush closure.	Mind (2021)
Overwhelm/crying	Audible sobbing, use of tissues, prolonged pauses	Remain silent and allow space; offer to pause, continue, or resume later; reconfirm willingness to proceed.	Take a brief off-camera micro-break; record the duration; note the theme that preceded tears.	IFRC Reference Centre for Psychosocial Support (2018)
Survivor guilt	"*I should not be here*," self-blame	Acknowledge and gently reframe the response; ask a coping-oriented question ("*What helps on difficult days?*").	Acknowledge any mirrored feeling; arrange a brief peer check-in after the session.	Gentry et al. (2016)
Emotional numbing	Flat prosody, "*I feel nothing*," constricted affect	Normalize the experience of numbness; validate silence; do not force elaboration; move to more procedural topics.	Accept as a potentially transient state; avoid self-critisism; debrief later.	Haskell et al. (2022)
Hypervigilance	Scanning the environment, startle responses, safety-related talk	Reassure privacy and participant control; restate confidentiality; allow a brief check of the surrounding environment.	Silence notifications; reduce visual clutter; take a deliberate breath before the next probe.	Kuhn et al. (2014); Owen et al. (2025)
Defensive humor/ cynicism	Laughter during painful narration, sarcasm	Acknowledge its function ("*Humor can help us carry difficult things - would you prefer to pause or continue?*"). Do not respond with humor.	Note it as a possible form of deflection; maintain warmth without entering into banter.	Swaminath (2006)
Flashback/re-traumatization	Present-tense recalling, loss of orientation	Gently orient the participant to the present time and place; offer to pause or stop; avoid clinical jargon.	Remain calm; slow the breath; use simple language; offer to reschedule.	Griffin (2024)
Role reversal	"*Are you okay?*" or othe expressions of concern for the interviewer/moderator	Acknowledge the concern and recenter the interaction ("*That is kind of you! Let' us return the focus to your experience*"). Continue only with the participant's agreement.	Treat the reversal as a possible signal of moderator overload; record it, debrief, and consider increasing the interval before the next session.	Van Dernoot Lipsky and Burk (2009); OVC (n.d.)
Professional burnout	"*I cannot talk today*," flat tone, withdrawal	Offer a shorter version of the interview or reschedule without penalty.	Cancel remaining sessions if needed; rest; seek supervision if the condition persists.	OVC (n.d)

Note: The psychological labels in this table support the recognition and management of potentially distressing reactions; they are not intended for clinical diagnosis. The suggested actions are non-clinical containment moves for research settings. If acute risk is suspected, such as self-harm risk or a medical emergency, the interview should be stopped and the relevant local escalation or emergency protocol activated.

Appendix A3

Brief non-clinical emotional stabilization techniques

Technique	Purpose and appropriate use	How to apply it (example script)	Typical duration	Suggested reference
5-4-3-2-1 grounding	Sensory orientation when anxiety increases or signs of dissociation appear.	*"Let us notice the room for a moment. Name five things you see, four you can touch, three you hear, two you can smell, and one you can taste."*	1–2 min	Kabat-Zinn (1991)
4-7-8 breathing	A breathing exercise intended to promote parasympathetic activation and support settling before closure.	*"Inhale through your nose for four counts, hold for seven, exhale slowly through your lips for eight. Let us complete four cycles together."*	~1 min	Nestor (2020)
TIPP	Rapid physiological down-regulation during high arousal (not suitable when there is a risk of fainting).	*"We can splash cool water on the face (T – Temperature change), undertake 30–60 s of brisk movement (I – Intense exercise), practice paced breathing (P –Paced breathing), and briefly tense and release the muscles (P – Progressive muscle relaxation)."*	2–4 min	Linehan (2015)
Box breathing	Rhythmic breathing to support focus during agitation.	*"Inhale for four counts, hold for four, exhale for four, and hold for four. We will repeat this for a few rounds; I will count with you."*	2–5 min	Nestor (2020)
Feet-grounding visualization	Somatic settling when the body feels "unsteady."	*"Place both feet on the floor and imagine roots growing into the ground. Notice the support beneath you."*	30–60 s	Van der Kolk (2014)
Mindful self-contact	Gentle self-soothing to reduce arousal without requiring verbal processing.	*"Place one hand on your chest and the other on your abdomen; notice the warmth and movement as you breathe."*	30–90 s	Van der Kolk (2014)

Note: These are brief non-clinical containment techniques for research settings. They should be offered rather than imposed and used only within the moderator's competence and role boundaries. If acute risk is suspected, such as self-harm risk or a medical emergency, the interview should be stopped and the relevant local escalation or emergency protocol activated.
TIPP is a crisis survival skill from Dialectical Behavior Therapy that supports the rapid reduction of intense emotional arousal. TIPP acronym referrs to four specific physiological techniques: Temperature change, Intense exercise, Paced breathing, and Progressive muscle relaxation.

Appendix A4

Descriptive discourse indicators by participant sample and moderator debriefs (rates per 1000 words; presence across interviews)

Indicator	S-1 rate/1k	S-1 presence (%)	S-2 rate/1k	S-2 presence (%)	M rate/1k	M presence (%)
First-person singular	201.94	96.6	289.84	100.0	171.85	100.0
First-person plural	66.83	96.6	262.64	100.0	52.52	100.0
Death-related	1.04	44.8	2.75	50.9	4.29	66.7
Negative emotion	20.83	93.1	17.63	100.0	16.08	100.0
Anger-related	1.78	41.4	2.46	67.9	2.86	66.7
Body-anatomy	33.39	96.6	38.34	100.0	13.58	100.0
Body-symptoms	12.81	62.1	4.71	83.0	13.58	100.0
Hedges/repairs	211.14	100.0	353.84	100.0	163.27	100.0
Time/place uncertainty	10.98	72.4	34.38	96.2	15.01	100.0

Note: Indicators are diagnostic-neutral descriptors used only for triangulation with paralinguistic and interactional observations. Rates are normalized by the total number of words in each corpus, while presence indicates the percentage of analyzed texts containing each indicator. The number of analyzed texts may differ from the number of interview sessions because recordings that could not be reliably transcribed due to highly fragmented speech were excluded, whereas interviews interrupted and resumed in separate sessions were analyzed as distinct transcript segments. *S-1 = displaced Ukrainians; S-2 = marketing faculty; M = moderators.*