If This Was Just a Museum: Employee Emotional Wellbeing at Trauma Site Museums

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Abstract

IF THIS WAS JUST A MUSEUM:

EMPLOYEE EMOTIONAL WELLBEING AT TRAUMA SITE MUSEUMS

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Museology

Tragedy touches all of us, leaving trauma in its wake. This trauma alters individuals, challenging their identities and worldviews, and their communities, fundamentally and permanently. Memorials and museums often exhibit and commemorate traumatic experiences or events. Trauma site museums sit within this larger framework of museums, monuments, and memorials. The purpose of this phenomenological study was to understand how working in a trauma site museum impacts the emotional wellbeing of public-facing professionals. Qualitative data were collected from semi-structured interviews with 21 public-facing museum professionals who work at trauma site museums. Results showed that emotional wellbeing of museum professionals at trauma site museums is impacted in both negative and positive ways. The data also indicated that the emotional wellbeing of these professionals is impacted by their interactions with the public and demonstrated that museum professionals at trauma site museums find value in reflecting on their workplace emotional wellbeing. The results have implications for museum practice, namely in developing institutional strategies for handling the effects of negative emotions in the workplace, imploring trauma site museums prioritize self-care for their employees, and advocating for the implementation of trauma-informed practices to support employees.

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Chapter 1: Introduction

Tragedy touches all of us. It does so at different times and in different ways, leaving trauma in its wake. This trauma alters individuals, challenging their identities and worldviews, and their communities fundamentally and permanently. While a universally accepted definition of trauma evades scholars, most agree that there are several specific hallmarks of a traumatic experience. The occurrence of a stressful event, "the psychological difficulty of a person to control, assimilate, and cope with the event" and an accompanying "cluster" of behavioral and emotional "symptoms" in the aftermath of the event are all indicative of trauma (Karenian, Livaditis, Karenian, Zafiriadis, Bochtsou, and Xenitidis, 2010).

The symptoms of trauma range from physical, cognitive, behavioral, and emotional. Common emotional reactions to trauma are feelings of fear, anxiety, sadness and despair, blame and guilt, numbness, vulnerability and helplessness, anger, loneliness, relief, and regret. There are numerous factors that affect the ways in which people react to traumatic experiences and events, such as level of exposure, level of stress prior to the traumatic experience, previous traumatic experiences, and the degree of social support available (Brown University Counseling and Psychological Services, 2015). These factors work independently and in tandem to impact both individual and group reactions to collective trauma.

Collective trauma is a concept in social work, history, and psychology that refers to the cumulative emotional and psychological wounding of a group of people caused by a shared traumatic experience or event (Alexander, 2004). It alludes to the manifestation of emotions and actions that stem from perceived trauma. And, as evidenced by the robust call for gun control in response to the shooting at Marjorie Stoneman High School in Parkland, Florida, collective trauma can also affect culture and action (Talbot, 2018).

After experiencing collective trauma, people often reach out to their communities for consolation, reconciliation, and healing. Memorialization is a strategy that many people use to cope with collective trauma (Burde, 2014; Hamber, 2012). In the past twenty years, there has been an increase in the number of memorial and trauma site museums worldwide and an increase in scholarship surrounding them. As of May 2017, 18 states across the United States housed centers memorializing the Holocaust alone, a number that has most likely grown since then (New Jersey Department of Education, 2017).

Trauma site museums sit within this larger framework of museums, monuments, and memorials that commemorate trauma. Museums that deal with difficult histories and traumatic experiences or events often do so at the site of that trauma, such as the National Civil Rights Museum at the site of Martin Luther King Jr.'s assassination in Memphis, TN or the National September 11th Memorial and Museum in New York City. Trauma site museums have direct and well-documented emotional and social impacts on visitors. They confront visitors with the horrors of the past and present, create controversy, build empathy, and even help people heal in the aftermath of collective trauma (Hughes, 2018; Melton, 2012; Munro, 2014; Soren, 2009).

While there is research on the impacts of trauma site museums on visitors, there is little on the impacts of these museums on the people who work in them. Some research has been done, but it has focused more on the emotional toll of interacting with traumatic collections and horrific histories (McCarroll, 1995) and less on what it is like to work with the public and the impact of working with populations exposed to collective trauma in trauma site museums.

The concept of wellbeing helps to explain this impact. Since it is used in many disciplines to describe different phenomena, wellbeing is a notoriously difficult concept to concretely and universally define (Dodge, Daly, Huyton, and Sanders, 2012). Many attempts to

define wellbeing rely on identifying its various dimensions (Dodge et al., 2012), those being physical, intellectual, emotional, social, spiritual, vocational, financial, and environmental (Stoewen, 2017). Physical wellbeing seems to be the most well studied of the dimensions (Stewart-Brown, 1998). Less studied is the concept of emotional wellbeing, or "the balance of positive and negative affect" that impacts a person's quality of life (Keyes, 2000, p. 71). In general, researchers struggle to measure wellbeing across all the dimensions (Corbin, 2001).

In recent years, research has investigated the relationship between wellbeing and the workplace. Some of this research is concerned with on-the-job related stressors, like work overload, difficult and unclear tasks, and an organizational culture of working overtime (Cropanzano and Wright, 2001; Michie, 2002). Some of it focuses on how employee wellbeing relates to productivity, in that happy workers are more efficient workers (Harter, Schmidt and Keyes, 2002), and still more on how emotional labor effects physical health in positive and negative ways (Zapf, 2002).

There is a small body of research on employee emotional wellbeing that expressly pertains to that of trauma workers, or professionals who are put in contact with individuals facing traumatic situations. Focusing on therapists, clinicians, or emergency services providers (Stamm, 1997), this research reveals both negative and positive impacts of working this closely with trauma. For example, some studies show that these professionals often experience vicarious traumatization (Baird and Kracen, 2006; Moore, 2004; Zaccari, 2017), while other research suggests that these professionals can build resiliency through their traumatic situations (Jenkins and Baird, 2002).

This study seeks to apply the concept of employee emotional wellbeing to museology, specifically in the context of professionals employed at trauma site museums. Public-facing

employees at museums at sites of trauma experience trauma in numerous ways, from their own experience in the space as well as by bearing witness to visitors' reactions. By applying the concept of emotional wellbeing, this study hopes to understand some of the impacts for museum professionals working with the public in these sites.

Purpose and Research Questions

The purpose of this study was to understand how working in a trauma site museum impacts the emotional wellbeing of public-facing museum professionals. A public-facing professional was defined as one who interacts with the public, whether visitors or other stakeholders, in some capacity in their job. Additionally, a trauma site museum is defined as a museum at a site of collective trauma, such as a natural disaster, terrorist attack, the death of a public figure, or instances of systemic oppression or violence. Three research questions directed this study:

1. In what ways does working at a trauma site museum affect the emotional wellbeing of public-facing museum professionals?
2. What about their job specifically do public-facing museum employees attribute to their emotional wellbeing?
3. How do these museum professionals reflect on the opportunity to talk about the impacts on their emotional wellbeing?

Significance

Museum professionals working at trauma site museums can benefit from any results pertaining to the impacts of working in sites of trauma on emotional wellbeing, especially those professionals that work in public-facing capacities. By exploring the emotional impacts on museum professionals at trauma site museums, this study illuminates some of the challenges

posed by these sites, their difficult histories, and working with the public in this context. Museum professionals that participate in this study benefited not only from the specific findings pertaining to emotional wellbeing, but also from the process of reflecting on their emotional responses in the workplace. Furthermore, this study can hopefully serve as a catalyst for all museum professionals to engage in a field-wide conversation about, or at least awareness of, the emotional toll of museum work broadly and the importance of trauma-informed practice and self-care in this field.

Chapter 2: Literature Review

The purpose of this study was to understand how working in a trauma site museum impacts the emotional wellbeing of public-facing museum professionals. This chapter reviews relevant literature from three key areas: a) collective trauma; b) trauma site museums; and c) employee emotional wellbeing.

Collective Trauma

Characterizing Collective Trauma

Like the concept of trauma itself, the concept of collective trauma is defined in different ways. For some scholars, it "refers to the impact of adversity on relationships in families, communities, and societies at large… this includes natural and human-made disasters as well as the effects of poverty, oppression, illness, and displacement" (Saul, 2014, p. 2). For others, it "is a cataclysmic event that shatters the basic fabric of society" or "the psychological reactions to a traumatic event that affect an entire society" (Hirschberger, 2018, p. 1). Most simply, it has been described as "trauma that is made collectively meaningful" (Hutchinson, 2016, p. 55).

While there are numerous ways to define collective trauma, some evidence suggests that meaning making is a common element that spans different understandings of collective trauma. Victims of collective trauma search for meaning during and after times of tragedy to rationalize incredibly destabilizing experiences and to find a modicum of stability during the height of instability. As such, "collective trauma is also a crisis of meaning" (Hirschberger, 2018, p. 1). This meaning making does not necessarily need to be considered a negative outcome of collective trauma. Aslam (2015) researched the little studied positive outcomes of trauma, arguing for a holistic approach to demystify the effects of trauma. Meaning making in this

capacity is seen as a strength that helps communities come to terms with the past and experience posttraumatic growth, which can propel them into a more peaceful future.

Some of the evidence suggests that collective meaning making forms collective identity. For Hirschberger (2018), a "dynamic social psychological process" compels communities to take traumatic events and turn them into memories and eventually a shared "system of meaning" (p.2). It is important for victims and perpetrators to create their own narratives around tragedy, which sometimes takes generations to take shape (Audergon, 2004). In some cases, these narratives are official and other times they are legends, or "stories told as true, that are accepted unconditionally by some, rejected flatly by others, and half believed, half doubted by others still" (Lindahl, 2012, p. 140).

Storytelling is another way for affected communities to establish narratives, especially official narratives that acknowledge the truth and condemn past offenses (Kulska, 2017). Narratives, in the form of legends and the act of storytelling, allow traumatized communities to control the chaos of trauma by controlling their narrative. This manipulation of the past helps affected communities establish a common system of meaning. The establishment of the Truth and Reconciliation Commission in post-apartheid South Africa created space for victims to tell stories as a means of "ritual testimony" with both a "private dimension" and "public aspect," as one such example of a community narrative (Kulska, 2017, p. 26). Storytelling also unifies traumatized communities with a common history and distinguishes them from other populations.

Once a narrative is established, it can then be committed to communal memory. Collective memory extends far past individual memory; it "persists beyond the lives of the direct survivors of the events and is remembered by group members that may be far removed from the traumatic events in time and space" (Hirschberger, 2018, p.1). Communal memories bear witness

to past events and reconstruct a version of history, whether communities distance themselves from their tragic memories or delve deeply into them. “Traumatic experience is history, still present, seeking witness” (Audergon, 2004, p. 25). Shared history, whether traumatic or not, forms the basis for collective memory and communal identities.

Research shows that emotions that arise in the wake of collective trauma are another means of fostering communal identity. Tragedy awakens in all of us a range of seemingly disconnected emotions – anger, fear, despair, empathy, compassion – which overlap and intermingle in the hearts and heads of those who encounter disaster. The breadth and depth of emotions elicited by tragedy and disaster mediate connections between the individual and the communal. These emotions extend beyond the personal because they have broader “social and political influence” (Hutchison & Bleiker, 2008, p. 386), and in social and political realms create identities within traumatized communities along the lines of social group relationships and political affiliations. The full impacts of emotions on communal identity are hard to ascertain because emotions are traditionally difficult to gauge and measure (Hutchison & Bleiker, 2008).

Outcomes and Impacts of Collective Trauma

Norris, Friedman, Watson, Byrne, Diaz, and Kaniasty (2002) conducted a comprehensive study of disaster victims. They surveyed past literature on the impacts of trauma, aggregating 160 different studies, representing 60,000 samples of youth, adults, and recovery workers from 102 distinct traumatic events. Some traumatic events were natural, such as earthquakes, floods, and wildfires, while others were technological like airplane crashes and oil spills. Still other events were related to “mass violence,” such as shootings, bombings, and terrorist attacks (p. 209). Overall, the disasters ranged in impact from low to moderate to high. This study also spanned geographic location and took into account age groups and other factors. They noted that

the psychological outcomes were varied due to the range of disasters represented and the intensity of each individual's experience. The most wounding disasters were related to property damage and financial problems, and disasters that were intentionally caused and resulted in a significantly high number of casualties. Researchers contended that victims of "mass violence were far more likely than other samples to be severely or very severely impaired" (p. 244).

Furthermore, Norris et al. identified six outcomes resulting from traumatic events. One such outcome related to wellbeing was *specific psychological problems* identified in 77% (n=121) of the total sample, including effects ranging from depression, anxiety, and posttraumatic stress to more severe disorders, such as posttraumatic stress disorder (PTSD), major depression disorder (MDD), or generalized anxiety disorder (GAD). Another relevant outcome was *chronic problems in living*, referring to difficulties in handling general life stress after experiencing trauma. According to Norris et. al., "some secondary stressors are work-related, such as occupational stress and financial stress, whereas others emerge from transactions between persons and their physical environment, such as environmental worry, ecological stress, and continued disruption during rebuilding" (p. 217). These outcomes were represented in 10% (n=16) of the samples. Ultimately, Norris et al. found that "within adults sampled, more severe exposure, female gender, middle age, ethnic minority status, secondary stressors, prior psychiatric problems, and weak or deteriorating psychological resources most consistently increased the likelihood of adverse outcomes" (p. 207). However, they also found evidence that recovery workers experienced positive outcomes related to building resilience.

While Norris et al. provide insight into the effects of large-scale trauma, their outcomes are specific to individuals. The researchers note, "there is relatively little research on collective loss of trauma, although it has long held to be a defining feature of disasters" (p. 225). Pivoting

away from this study, some evidence suggests the need for developing targeted interventions for traumatized communities, assembling resources to help them process and heal after experiencing trauma. One way these interventions can manifest is in trauma-informed care and practice. The Substance Abuse and Mental Health Services Administration (SAMHSA) (2017), an arm of the United States federal government, "defined any setting as 'trauma-informed' if the people there realize how widespread trauma is, recognize signs and symptoms, respond by integrating knowledge into practice, and resist doing further harm" (SAMHSA, 2017, p.1). SAMHSA also recognized 6 principles of a trauma-informed approach: safety, trustworthiness, empowerment, collaboration, peer support, and history, gender, and culture.

Trauma-Informed Care

A recent study on implementing trauma-informed care (TIC) framed the need for TIC around "the premise that when services feel safe, empowering, and welcoming for those most affected by trauma, service recipients are more likely to engage in and benefit from care" (Yatchmenoff, Sundborg, and Davis, 2017, p. 167). The authors recognized that implementing TIC takes time and resources, but identified several concrete principles, actions, and benchmarks for TIC. The principles of TIC are to "create a safe context, restore power, and support self-worth" (p. 176). Safety in the context of TIC is both physical and emotional. Physical safety can be achieved when the physical environment is made welcoming and safe, featuring art work, signage, and amenities, such as restrooms and other public spaces.

Efforts to promote physical safety represent an approachable entryway for integrating TIC, but emotional safety proves more difficult to implement in practice. Some action steps to create safe emotional contexts include staff training to identify signs of trauma, welcoming and clear signage in common areas, and opportunities for staff to debrief after incidents

(Yatchmenoff, Sundborg, and Davis, 2017). Trauma-informed care and practice exist mostly in organizations that provide health and human services. Recently though, public institutions have been devoting time and attention to integrating trauma-informed practice in their operations. For example, the Institute of Museum and Library Services recently awarded a grant to the Athens-Clarke County Library and the University School of Georgia Social Work who intend to collaborate to create a trauma-informed library (georgialibraries.org, 2018). Overall, more understanding is needed on TIC and on collective trauma.

Trauma Site Museums

Trauma Site Museums Abroad

Much of the literature on trauma site museums refers to organizations outside of the United States, coalescing in Western Europe around the Holocaust (Macdonald, 2015; Thaler, 2008) or in post-conflict societies in Africa, Latin America, and Eastern Europe (Hamber, 2012; Hasian and Wood, 2010; McAlister, 2013; Naidu, Gabriel, and Hoque, n.d.; Violi, 2012). Outside of the context of the Holocaust, trauma site museums mostly exist abroad in post-conflict societies, as tools for communal healing and reconciliation. Hamber's (2012) study of museums in post-apartheid South Africa discovered that they all contained four themes, in varying degrees: "preservation, assisting victims, education, and prevention" (p. 269).

Violi's (2012) well-cited work on trauma site museums surveys three separate institutions, Tuol Sleng in Cambodia, Villa Grimaldi in Chile, and the Bologna Ustica Memorial Museum in Italy, to examine the indexicality of these sites and the way that indexicality effects spatial and temporal relationships with past trauma. These sites take different approaches to exhibiting and interpreting trauma. Violi (2012) argues that the way that each site treats its connection to past trauma reflects the conscious choice that these societies have made with

regard to how past trauma is remembered. Another study examined the Royal Museum for Central Africa to consider national museums as purveyors of colonial histories and memories (Hasian and Wood, 2010). As such, "these museological sites of memory can become barometers of postcolonial historiographic change" (p. 129). Trauma site museums are in fact so prevalent in post-conflict societies that the International Coalition of Sites of Conscience developed a tool kit for memorialization specifically for post-conflict societies, where there is often a lack of resources for responsible memorialization (Naidu, Gabriel, and Hoque, n.d.).

"...Without them, we come apart:" Museums, Memory, and Memorialization

According to Gurian (2006), museums are "institutions of memory [which] represent or store the collective holdings of the past" (p. 89). As such, museums connect us to our memories and to each other, a connection that becomes more meaningful and apparent when the memory being represented is one of trauma. "Disturbing pasts," Gurian emphasizes, "exemplify the importance that people ascribe to repositories of history" (p. 89). Museums are so important in this capacity that "...without them, we come apart" (p. 89).

Some of the literature suggests that trauma site museums have the potential to contribute much to communities in crisis, aiding communal reconciliation efforts and encouraging healing at the time of traumatic events and after (Burde, 2014; Melton, 2013; Munro, 2014). Museums can do this in different ways according to their institutional strengths and capabilities. Programs, exhibits, and events all create "a safe gathering space" (Melton, 2013, p. 15) and provide "social support" for grieving communities (p. 47). Through their facilities and their content, museums can speak to the experience of collective trauma, and as institutions are distinctively situated to address issues of collective trauma (Melton, 2013).

Museums, by their nature, tap into a near-universal method for coping with collective trauma – memorialization – as some of the literature suggests. The International Coalition of Sites of Conscience defines memorialization as "the processes through which memory is perpetuated" (Naidu, Gabriel, and Hoque, n.d., p. 11). Understanding memorialization as a process is particularly helpful in the context of this study. Burde (2014) notes that people tend to respond to collective trauma through the creation of "makeshift memorials: mementos constructed mainly of ephemeral materials and placed at the site of trauma" (p. 29). These makeshift memorials spring up in the aftermath of collective trauma as an "expression" of individual and communal reaction to trauma (p. 29). Some instances of trauma are so devastating that these makeshift memorials eventually become permanent. Following this logic, the institutionalization of memorial museums represents both a formalization of makeshift memorials and a codification of a version of traumatic events. Thus, the impulse to memorialize traumatic events and victimized populations in a museum setting is a part of the evolution of memorialization for largescale or particularly bitter tragedies.

The process of memorialization, like memory, happens in different ways and is entirely contextual. Memories of a single traumatic event can generate drastically different experiences depending on the individual. Due to individual variance, communal memories are difficult to shape and perpetuate, especially when they are of a sensitive nature and represent the aggregate interpretations of a diverse community. Memory and memory sites are often political. Clarke (2017) characterized memory as political due to the sheer number of different parties and agendas it must satisfy in the context of a museum, which factors into decisions made on interpretation. For Violi (2012), trauma site museums act as "observatories" to witness how societies cope with trauma (p. 36). Therefore, the ways in which these museums present past

trauma and engage in interpretation can illuminate the different "memory politics" at play in societies recovering from trauma (p. 36).

Controversy and Trauma Site Museums

Trauma site museums tend to be shrouded in controversy for various reasons. Because memorialization is a political and social activity, it is often controversial (Naidu, Gabriel, and Hoque, n.d.) and, by extension, trauma site museums can also be controversial. Questions of victimhood and culprit blaming (Schramm, 2011) color the discourse in the field on trauma site museums. Because of the intense emotions associated with trauma sites, the stakes for offending or upsetting visitors are even higher than their traditional counterparts. In the example of the September 11th Memorial and Museum, one of the better studied American trauma site museums (Burde, 2014; Rauch, 2018), the entombment of human remains on site caused and continues to cause serious controversy. The tension between the friends and family of victims and museum staff over the most appropriate and respectful treatment of human remains on site eventually resulted in legal arbitration (Burde, 2014). While debates over human remains in museums exist in many kinds of institutions, trauma site museums are susceptible to increased scrutiny due to their combined mission of commemoration and education.

Landscapes of Trauma

Some of the evidence suggests the importance of place for trauma site museums. Schramm (2011) argues that landscapes where traumatic events took place simultaneously shape the ways violence is experienced, performed, and remembered and are shaped by those experiences, performances, and memories. In this way, landscape is a negotiated process, where physical landscapes interplay with landscapes of memory (Schramm, 2011). Geography and memory work together to inform each visitor's experience of a location. Sometimes, landscapes

are places of violence. These landscapes of violence can be used in different ways to promote different ends. For example, some landscapes become "sacralized" or creates closure for visitors through starting a narrative of progress, which is contrasted by the need to keep the past alive (Schramm, 2011). Acts of violence and memories of past violence impact the ways that visitors experience museum landscapes and organizations and individuals interpret them.

Burde (2014) uses the term "adaptive reuse" to explain the trend of trauma site museums repurposing structures and spaces where trauma historically happened and using them as the skeleton for memorials and monuments in the present (p. 7). Adaptive reuse imbues layers of meaning in sites of trauma that contributes to the experience of being on site. Adaptive reuse is built on the idea of creating continuity between physical landscapes and landscapes of memory. Biran, Poria, and Oren (2011), in their study of tourist experiences at sites of trauma, highlight that many visitors to sites of trauma visit out of the need to "see it to believe it," implying there is something about the authenticity and gravity of trauma sites that draws visitors (p. 836).

Other evidence highlights the impact of architecture and exhibit design at trauma site museums as they are connected to this idea of landscapes. Thaler (2008) explores the Holocaust-related death lists in the permanent exhibition of the Bergen-Belsen Memorial Museum, and contends that the "aura" of the lists complements and complicates the aura of the site itself. An artifact's aura is determined by its "symbolic linkage" to "landscapes and sites of loss" (p. 200). "Memorial artifacts" like these death lists and landscapes can share the same aura (p. 196), a phenomenon Thaler (2008) calls "auratic repetition" (p. 212). Auratic repetition creates an indelible connection between artifact and landscape, which impacts the way that tragedies like the Holocaust are experienced and remembered. Johnson (2015) expands on this by exploring how architectural features in human rights museums impact the emotional responses that visitors

experience in these spaces. Johnson (2015) claims that "assertive, attention grabbing qualities of vertical elements, such as columns, arches, and windows, can be valuable tools for museums" (p. 14). In this way space and architecture can use abstraction to convey important themes and call forth certain emotions from visitors. Furthermore, Tanović (2015) conceives of physical memorials and monuments as places that hold memory or at the very least represent it.

Dark Tourism and Trauma Site Museums

Dark tourism was coined as a concept by Lennon and Foley (1996) in a seminal piece on the public's fascination with the assassination of JFK, specifically with visiting the site of the assassination at Dealey Plaza in Dallas, Texas. They conceive of dark tourism as "…the phenomenon which encompasses the presentation and consumption [by visitors] of real and commodified death and disaster sites" (p. 200). Dealey Plaza is now home to the Sixth Floor Museum, housed in the former Texas School Book Depository building where the shots that killed JFK supposedly originated from. The example of the Sixth Floor Museum shows that dark tourism motivates some people to visit trauma site museums. Therefore, the literature on dark tourism informs the research on trauma site museums, explaining one facet of visitorship to trauma site museums.

Robinson's study (2015) on visitor motivations to sites of dark tourism uses the research of Stone (2006), which identifies different levels of dark tourism that range from darkest to lightest. Building on the literature on dark tourism, Robinson (2015) identified several themes for visitor motivations, which are as follows: contemplative and spiritual, thrill and risk, validation of traumatic events, authenticity and reality, desire to learn, visiting iconic sites, convenience during travel, morbid curiosity, religious pilgrimage, and remembrance and empathy building. Robinson found that people visiting trauma sites for these reasons do so with

different intensities and combinations depending on the nature of the site. One such reason was prompted by the need to see it to believe it, which implies a special quality of trauma site museums in which only certain things can be communicated about atrocities by being in the space.

While many debates exist around the ethics of dark tourism, there is evidence to suggest that the literature rejects many of the negative conceptions of dark tourism (Light, 2017). Engaging in dark tourism activities can also be seen as a means of facilitating reconciliation. Barton and Leonard (2010) use the topic of racial reconciliation in the Deep South to frame their argument for the positive economic impact of dark tourism. In this study, the positive injection of money that happens as a result of dark tourism in communities impacted by trauma historically and presently is a way to further build up vulnerable communities and advance reconciliation efforts. In this way, dark tourism can be interpreted as contributing to social justice efforts. To a similar end, Kang, Scott, Lee, and Ballantyne (2012) applied a benefits-based approach to understand the positive impacts of dark tourism on the tourists themselves. These benefits were identified as "learning, family bonding, meaningfulness, and comfort form achieving internal obligation" (p. 260). These studies show that dark tourism tendencies that bring visitors to trauma site museums are not totally negative, and that dark tourism as a motivator for visitation that is not as untoward as once thought.

Visitor Experiences at Trauma Site Museums

Trauma site museums can choose to either accentuate or downplay their connection to the trauma, a decision which can create different experiences for visitors. Bonnell and Simon (2007) conducted interviews with staff at the Museum of World Culture as a part of a project called *The Legacy of Testament: Case Studies Toward Re-Thinking the Practice of Public History* to

explore intimate encounters with difficult topics. Staff attributed many of visitors' intimate encounters to museums intentionally creating scenarios that bridge gaps of "time, distance, or experience" and establish connections between victims of atrocity and visitors to trauma site museums (p. 65). Ultimately, this research helped the authors to theorize "…how different design strategies might be understood as offering diverse kinds of pedagogical encounters when presenting subject matter deemed 'difficult'" (p. 66).

Violi's (2012) concept of indexicality likewise points to the different ways that trauma site museums can use location and time to evoke certain feelings in visitors. Violi's case studies of three different trauma site museums highlight three interpretive design strategies that trauma site museums use to establish relationships to the past and to trauma that differ in intensity (2012). Through interpretive design choices, Tuol Sleng immerses visitors in a "frozen past," while Villa Grimaldi creates more distance between the past and present and the Ustica Museum uses a strategy of "creative reinterpretation of the traumatic event itself" (p.36-37). Violi (2012) argues that the different approaches that each site takes to form a specific relationship to past trauma affects the ways in which visitors' experience healing and reconciliation within the museum space.

Other evidence suggests that interpretive choices of trauma site museums which favor immersion and interaction may heighten or intensify emotional experiences within a site. Witcomb's (2013) study, based in the literature of dark tourism and heritage interpretation, puts a critical eye to the author's own experiences visiting three sites of trauma which have immersive elements of varying forms and intensities. For example, the Melbourne Watch House Experience uses actors to facilitate the experience of being arrested and the *Titanic: The Artefact Exhibition* uses personalized passenger cards to create a sense of realism and connection to victims of the

Titanic. She comments on the how the type of immersive encounter, either an "affective or sensorial experience," contributed to or detracted from her experience in each site (p. 159). Therefore, different variations of immersive experiences produce different "outcomes" for visitor engagement (p. 168).

Similarly, Hughes (2018) notes the performative nature of the interactive experiences that museums with difficult content tend to deploy. Hughes calls out the "dramatic narrative structure" of some interactive experiences at the United States Holocaust Memorial Museum (USHMM) and the Humanity House Museum in the Hague, Netherlands, which function to invite visitor participation in novel ways (2018, p. 274). For example, *Remember the Children: Daniels's Story* at USHMM creates a fictional account of a Holocaust victim but uses only authentic images and historical facts in this storytelling. Hughes argues that "'Daniel's Story' as a story drama goes beyond the use of the young boy's diary as a framing device and turns it into a physical experience" through active embodiment strategies and the immersive nature of the exhibition (p. 276). Hughes posits that the immersive embodiment this exhibit cements the traumatic experience and lessons learned for longer in their hearts and minds of visitors.

On the topic of long-lasting and impactful museum experiences, some of the evidence suggests that there are emotional impacts for visitors to trauma site museums. Bedigan's (2016) work on the perceptions of emotional responses in museum visitors indicates that visitors "…want to feel connections between themselves and the environment they are experiencing. The connections take the form of both intellectual and emotional experiences" (p. 88). Visitors to heritage sites that were surveyed as a part of this study expected to feel a range of emotions as a result of their visit, including interest, concern, empathy, happiness, and inspiration. Not all museum experiences yield positive warm, positive feelings. Soren (2016) studied what she terms

"transformational" museum experiences, which take place when visitors "…discard old ways of thinking and provide new opportunities for individuals to invent personal knowledge and explore new ideas and concepts" (p. 234). Soren connects these transformational experiences to changes in knowledge that are "triggered" through experiences, one such trigger being trauma or bearing witness to the "horrors of history" (p. 237).

Some research suggests that museums must be responsible for the ways they evoke emotion and dedicate space to allow visitors to process their feelings within the museum's walls. For example, the Museum of Tolerance uses a framework to create space for visitors to work through difficult concepts based upon facilitated conversations and dialogue that is designed to help visitors process their emotions during their museum visit (Katrikh, 2018). This framework, called the *Five Layers of Care*, takes into account the safety and needs of both museum visitors and museum staff. While some museums like the Museum of Tolerance are actively taking steps to aid visitors in coming to terms with their emotions, there is still much work to be done in this arena. Lynch (2017) argues that by focusing solely on visitor happiness, museums fail in "alleviating the symptoms of social exclusion and environmental threat" (p.15). In Lynch's opinion, the focus on happiness undercuts "the history of struggle" often depicted in museums (p.15). Munro (2014) echoes this sentiment by contending that museums need more training on how to deal with emotional aspects of their work.

Impacts on Museum Professionals

There is some research to indicate that staff at trauma site museums are affected by their work. Much of this research focuses on museum professionals who work in a collections capacity, or otherwise closely with traumatic museum collections. Burde (2014) extolls the importance of allowing enough time to pass to permit "hot" artifacts, or those intimately

connected to tragedy, to "cool off" (p. 5). The "processing and documentation" that museum registrar and collections staff perform on traumatic artifacts facilitates the cooling off process that ends when artifacts can be safely and responsibly exhibited. The cooling off period distances artifacts from traumatic events temporally and lessens the emotional intensity of interacting with these artifacts. Furthermore, Burde conceptualizes of the cooling off period as a "transferable method" of best practices that trauma site museums, and more generally museums with traumatic collections, can employ (p. 5).

Similarly, McCarroll, Blank, and Hill's (1995) study of employees at the USHMM studies museum professionals "in almost continuous contact with horrific material," in particular the archives, oral histories, and the identity cards (p. 67). They looked specifically at staff that participated in bi-weekly group psychological consultations hosted by the museum. In these meetings, USHMM staff claimed to experience negative emotions and effects, like distress, sleep disturbances, desensitization, personalization of trauma, anger, alienation, denial, and numbness, as a result of their exposure to trauma through their work. However, the findings of this study were not all negative indictments of working with traumatic collections. USHMM employees also remarked feeling a sense of personal accomplishment, pride, and professionalism. This study in particular documents the role of mental health consultation in reducing stress and improving self-understanding in workers and leaders of an organization whose existence is predicated on extreme trauma.

Some evidence documents the emotional aspects of working with the public at trauma site museums. Munro (2014) detailed the "emotion work" required by professionals doing community engagement work, in that it requires emotional labor in addition to a heavy workload. Munro describes the "mask" that visitor-facing professionals use to obscure "true emotions

behind a mixed emotion" (p. 50). Munro concludes that many of the professionals they spoke with identified the need for increased emotional competency and strategies for handling difficult emotions.

Some research has been done on the emotional inputs and outputs of working in museums with traumatic collections and content. The September 11th Memorial and Museum tour docent training program is one example. Tour docents are trained to help guide visitors in understanding different artifacts. During training, docents at the September 11th Memorial and Museum reported the difficulty in balancing their own traumatic personal experiences with the institutional narrative (Rauch, 2018). In a potent example, Rauch relates the story of one docent's response to an object in the museum's collection and the museum's interpretation of it, a brick from Osama bin Laden's house in Pakistan. The museum saw the brick as a way to "help tell the story of who perpetrated the attacks and how the leader of al-Qaeda was tracked, found, and ultimately killed…and this docent saw it simply as a symbol of the man who orchestrated the killing of almost 3,000 people" (p. 17-18). The September 11th Memorial and Museum reconciled the different personal and institutional narratives by enacting a docent protocol to foreground the artifacts and institutional story, and then allowing docent's to include personal embellishment to their comfort.

Similarly, participating in Eastern State Penitentiary Historic Site's (ESPHS's) Returning Citizen Tour Guide Project can be an emotional process for returning citizens who are hired as tour guides in the museum. ESPHS hoped that this tour program would create a physical and emotional connection to the museum's content for visitors to the museum as well as those who were once incarcerated on its grounds. Marvin Robinson was hired by ESPHS as a Returning Citizen Tour Guide. Reflecting on his experience, Robinson notes that "the most challenging

aspect of my tour was deciding when to deliver my personal connection with the punishment cells I was guiding visitors through. I wanted to be able to disclose my personal connection while I had everyone's attention and hopefully create an opportunity for visitors and I to engage" (Robinson and Zalut, 2018, p. 30). In addition to expressing challenges of interacting with visitors around this topic, Robinson made clear the emotional impacts he experienced through his participation in this program. Notably, he celebrated his ability to make strong and lasting relationships and friendships. Robinson continued, "I admire [Returning Citizen Tour Guide Project employees] courageousness and willingness to engage with the public, each and every day, on a very explosive and divided topic" (p. 31). Robinson believes this position allowed him to build capacity in divorcing emotions from decisions, self-love, and self-analysis and awareness.

While "there is little research to show that effects of exposure to different sites have a long-term impact on individuals" (Hamber, 2010, p. 272), some of the evidence suggests that trauma site museum employees are not blind to the connection between emotional wellbeing and their workplace. Bedigan's (2016) study compared the emotional expectations of museum experiences of both visitors and professionals. Her findings concluded that professionals expected to feel emotions of concern and empathy, curiosity, and inspiration at higher levels than visitors expected to feel those same emotions. Interestingly, they also expected to feel less pleasure and satisfaction than visitors. The marked differences can be linked to the respondent's previous experiences in museum settings.

McCarroll, Blank, and Hill's (1995) study of USHMM employees (referenced earlier) describes the measures that the institution took to ensure the emotional wellbeing of those employed there. USHMM hosted "decompression sessions" or as museum staff called them

"stress workshops" for staff to express their feelings, hopefully to help "lower personal distress, promote self-understanding, and promote social support" (p. 68).

Furthermore, some evidence suggests that the emotional wellbeing of staff at museums with traumatic collections and content is a concern across the field as well. The New England Museum Association's (NEMA) 98th Annual Conference, held in November 2016 in Mystic, Connecticut, was on the topic of the social responsibility of museums. This conference featured a panel entitled, "Museum Workers and Vicarious Trauma: What You Need to Know to Take Care of Yourself and Your Colleagues" (2016 Final Program, p. 9). This session was facilitated by Rainey Tisdale, a curator, and Dr. Kevin Becker, a clinical psychologist. Tisdale and Becker used the session to "…introduce participants to the concept of vicarious trauma, explore how it might surface in museum work, and provide concrete tools for recognizing and addressing it" (p. 9-10). One of the tools produced for the session is a handout outlining various signs and symptoms of vicarious trauma, personal and professional self-care strategies, and general resources for trauma. This session represents the beginning of conversations on the topic of the emotional wellbeing of museum employees as it pertains to vicarious trauma, even if not specifically for those employed at trauma site museums. While evidence suggests that the impacts of working in a museum with traumatic content or at a site of trauma are beginning to be addressed in research and practitioner circles, there is still much work to be done on the topic.

Employee Emotional Wellbeing

Emotional Wellbeing and Emotion Work

As established previously, wellness is comprised of several different components that interact and work together to establish overall wellbeing. Emotional wellbeing is a dimension of wellbeing that is less clearly defined in the literature. Keyes (2000) describes emotional

wellbeing as "a specific dimension of subjective-wellbeing, reflecting the degree to which individuals self-report the experience positive and negative affect" (p. 71). More simply, "emotional wellbeing is the balance of the positive and negative affect," and it can impact one's quality of life (p. 71). For example, a person is said to have a high quality of life when they feel more positive than negative feelings, and the reverse would be true for poor quality of life. Some research suggests that emotional wellbeing is unidimensional and that positive and negative emotions are closely correlated (Russel and Carroll, 1999). Other research shows that emotional wellbeing is bidimensional, or that positive and negative emotions are only slightly correlated (Watson and Tellegen, 1985).

Emotional wellbeing impacts holistic wellness through its effect on other components of wellbeing. For example, researchers have connected workplace stress to cardiovascular disease and lowered immune systems (Stewart-Brown, 1998). Thoits's (2010) work further confirms the physical ramifications of emotional stress. She explores the extensive reach of emotional wellbeing into the realm of mental and psychological health, citing individuals who experience depression and other disorders as a result of poor emotional wellbeing. Consequently, some physical, mental, and psychological ailments can be derived from poor emotional wellbeing.

Emotional wellbeing can be improved or impaired by the performance of emotion work or emotional labor. Most definitions of emotion work and emotional labor are credited to Dr. Arlie Russell Hochschild, a sociologist. In *The Managed Heart: Commercialization of Human Feeling* (1983), Hochschild coined the idea of emotional labor in response to the growing service sector. Building on of Hochschild's explanation of emotional work, subsequent researchers have identified three perspectives for understanding emotional labor: "occupational requirements," "emotional displays," and "intrapsychic processes" (Grandey, Diefendorff, and Rupp, 2012, p.

5). Emotional labor as an occupational requirement refers to "jobs that require managing feelings to create an emotional display in exchange for a wage" (p. 6). Whereas emotional labor as emotional displays are "expressions of work role-specified emotions that may or may not require conscious effort," and emotional labor as intrapsychic processes is "effortfully managing one's emotions when interacting with others at work" (p. 6). Emotion work is different, however, from sentimental work. Emotion work and emotional labor are performed internally, whereas sentimental work which is done to manage the emotions of others (Zapf, 2002). Employees engage in emotion work for personal and professional reasons.

Regardless of the perspective taken on emotional labor and emotion work, the impacts of this type of workplace emotional performance on one's overall emotion wellbeing are undeniable. One major result of emotion work is emotional dissonance, which "occurs when an employee is required to express emotions which are not genuinely felt in the particular situation" (Zapf, 2002, p. 245). Emotional dissonance is traditionally viewed as negatively impacting individuals by divorcing them from feeling their true emotions. However, in some instances, emotional dissonance can be a helpful strategy for protecting one's emotions in feeling-ridden work environments. Similarly, emotion work can be beneficial for employees, and some researchers point to feelings of empowerment that comes from feeling in control of one's emotions when doing emotional labor (Pugliese, 1999). On the whole, most researchers find that on the whole engaging in emotional labor creates negative impacts for individuals and their overall wellbeing (Pugliese, 1999; Wong, 2016; Zapf, 2002).

Another popular way of thinking about wellbeing comes from Diener's (2000) concept of subjective wellbeing (SWB), in which he characterizes SWB as an "approach to defining the good life…sometimes labeled happiness" (p. 34). SWB includes "life satisfaction (global

judgments of one's life), satisfaction with important domains (e.g. work satisfaction), positive affect (experiencing many pleasant emotions and moods), and low levels of negative affect (experiencing few unpleasant emotions and moods)" (p.34).

Other researchers have applied Diener's concept of SWB in the workplace or similar organizational contexts. One such application approaches the relationship between high SWB and affective experiences in the workplace. Positive and negative emotions are key to ascertaining SWB. Frequent positive emotions and infrequent negative emotions correlate to a high SWB (Bakker and Oerlemans, 2011). The concept of SWB can be further extrapolated into the workplace through considering job performance. Affective work experiences plant either positive feelings of engagement, happiness, and job satisfaction, or negative feelings associated with workaholism and burnout. Therefore, SWB is a useful frame for viewing emotion work in the workplace because it highlights the organizational character of workplace emotional wellbeing.

Yet another frame for understanding emotion work in the workplace is in the context of happiness. The academic study of happiness has truly exploded within the last decade as "therapeutic cultures" that emphasize happiness are popularized and the "happiness industry" is codified (Ahmed, 2007, p. 7). Cropanzano and Wright's (2001) exploration of the happy–productive worker thesis is particularly useful. The happy–productive worker thesis postulates that happy and unhappy people approach their work differently. Unhappy people "are sensitive to threats in their work environment, are defensive and cautious around their coworkers, and are less optimistic and confident," whereas happy people "are more sensitive to opportunities in their work environments, are more outgoing and helpful to their coworkers, and are more optimistic and confident" (p. 183-4). In these ways, happiness is "operationalized" in the work environment

"as job satisfaction, as the presence of positive affect, as the absence of negative affect, as the lack of emotional exhaustion, and as psychological wellbeing" (p. 182). These workplace markers of emotional labor contribute an individual's overall wellbeing.

Organizational Culture and Emotional Wellbeing

Continuing with this thread, some researchers suggest that organizational culture contributes to employee emotional wellbeing. Expanding on the happy-productive worker thesis, Harter, Schmidt, and Keyes (2003) explore the "relationships between employee workplace perceptions and business-unit outcomes" through conducting a meta-analysis of the Gallup Organization's Gallup Workplace Audit (p. 1). Ultimately, they argue that employee wellbeing "is in the best interest of communities and organizations" because "work is a pervasive and influential part of the individual and community's wellbeing" (p. 2,3). Because of this, it is important that organizations understand their role in promoting or detracting from employee emotional wellbeing. Bakker and Schaufeli's (2008) concept of positive organizational behavior emphasizes the fact that "organizations need engaged workers" to continue to grow (p. 147). In their study, they explore "positive behaviors of engaged employees in flourishing organizations," some of which they determine to be emotional competence, compassion in the workplace, and the role of optimism in the workplace (p. 148).

For individuals that work directly or indirectly with trauma, evidence shows that organizational culture can mitigate or even eliminate the possibility of vicarious trauma (VT) and secondary traumatic stress (STS). Nelson (2015) specifically considers how organizational culture effects social workers. Nelson surveyed 178 social workers to find that "organizational culture contributed to the vicarious trauma of licensed social workers" (p.1). She went on to identify specific, concrete ways that social service organizations could increase the emotional

wellbeing of social workers, such as instituting organizational policies to "support and empower" social workers and understanding how "racial/ethnic differences" have an effect the nature of an individual's relationship to trauma and cause VT (p. 2-3).

The effects of VT and STS are also evident at the organizational level (Meichenbaum, 2007). Symptoms such as "high job turnover, low morale, absenteeism, and job dissatisfaction" might imply that employees are facing VT and should give organizations pause (Meichenbaum, 2007, p. 7). Meichenbaum's conference paper (2007) on self-care for trauma psychotherapists analyses the different levels of actions that can be taken by individual, peers, and organizations to combat VT. He develops a set of strategies, including "emotional check-ups," workload balance, managing boundaries, and providing training, to combat VT from the top down (p. 20).

Work environment is a factor that contributes to how employees experience a workspace. Bitner (1992) investigated the impact that built environments, or "servicescapes" in the customer service sector, have on the individual's relationship to that environment. Bitner (1992) puts forward a framework for understanding this relationship which includes "environmental dimensions, holistic environment, [experience] moderators, internal responses, and behaviors" (p. 60). There are multitudes of factors that work in tandem to generate "emotional responses that in turn influence behaviors" within workspaces (p. 63). Furthermore, Bitner (1992) argues that organizations should be concerned with employee relationships with their work environment because the emotional and behavioral outcomes of these relationships can impact job performance. While much of the research on the connection between emotion and workplace environments is conducted in a retail or customer service setting, it is also present within museums. Forrest (2013) explored atmospherics as a way to conceptualize the relationship that visitors have with exhibition environments. Furthermore, Johnson (2015) found that museum

architecture and the emotions experienced as a result of architecture often interplay in a way that engages visitors through experiences and participation (Johnson, 2015).

Motivations and "Meaningful Work"

What motivates individuals to work in museums and other nonprofits? One answer to this question is the idea of a personal "calling" to perform certain duties. A personal calling is one way of interpreting the concept of meaningful work, or work with social and personal significance. The idea of a "calling" can be traced back to the Protestant Reformation. Today, we understand a calling as a personal passion (Bunderson and Thompson, 2009). Bunderson and Thompson (2009) identified zoo employees as exemplars of the concept of a calling to meaningful work. 91 percent of zookeepers they interviewed intimated in their responses that a personal calling led them to do the work that they do. For some, the calling comes from their feelings of being naturally disposed to work in this capacity. These feelings create community through shared skills and ideals. In another study on animal shelter employees, Schabram and Maitlis (2017) organized employees' personal callings into three paths: identity oriented, contribution oriented, and practice oriented. While these studies refer specifically to nonprofit work that relates to animals, the idea of the calling is present in the arts and culture sector as well. Dobrow Riza and Heller's longitudinal study (2014) considered how both a personal calling and technical ability play out in the pursuit of the "challenging career" of a musician (p. 1). The study postulates that for many musicians, passion acts as a foil concerns for job stability and security (Riza and Heller, 2014).

Working with Trauma

There are numerous sources of workplace stress for individuals and organizations. Michie's (2002) examination of the causes of workplace stress categorized it into five different

origins: “intrinsic to job, role in organization, career development, relationship at work, and organizational structure and climate” (p. 68). Stresses intrinsic to one’s job could be related to working conditions or work load, while supervisory responsibilities and a lack of clarity around job expectations could contribute to stress around one’s role in an organization. Career development stresses stem from job insecurity and one’s ability to advance in the organization. Relationships at work cause stress when there is discord between peers or superiors, whereas the overall work culture can cause employees stress when they are given no authority or autonomy. These stressors, and many more, are evident in the workplace and can have personal and professional effects (“Introduction to vicarious trauma for victim services,” n.d.).

Michie (2002) also expounds on indications of individual stress, which become apparent in a variety of ways. Stress makes itself known emotionally, behaviorally, cognitively, and physically. Emotions like “anxiety, depression, irritability, [and] fatigue” are common externalities of stress (p. 67). Behaviors changes such as “being withdrawn, aggressive, tearful, [or] unmotivated” and cognitive symptoms like “difficulties of concentration and problem solving” are other ways that stress manifests and physical symptoms of stress include “palpitations, nausea, [and] headaches” (p. 67). Michie (2002) also strongly connects individual stress to organizational success, explaining that stress is frequently situational and “can undermine the achievement of goals, both for individuals and organizations” (p. 67).

Employees that work with trauma both directly and indirectly are susceptible to certain effects that can be damaging to their emotional wellbeing. In particular, trauma workers are susceptible to vicarious traumatization (VT). “Vicarious traumatization (VT) refers to harmful changes that occur in professionals’ views of themselves, others, and the world, as a result of exposure to the graphic and/or traumatic material of their clients” (Baird and Kracen, 2006, p.

181). Individuals suffering from VT often experience "decreased motivation, efficacy, and empathy" (p. 182). Baird and Kracen's (2006) research synthesis explores different studies on the topic of VT and identifies predictors for VT, such as "personal trauma history… [and] perceived coping styles" (p.181). In this case, VT is defined as a "cognitive phenomenon" that disrupts one's worldview (p. 182).

Individuals that work with trauma are also susceptible to secondary traumatic stress (STS). STS is a "set of psychological symptoms that mimic posttraumatic stress disorder, but is acquired through exposure to persons suffering the effects of trauma" (Baird and Kracen, 2006, p. 181). The terms STS and compassion fatigue are often used interchangeably (Jenkins and Baird, 2002). Some evidence suggests a connection between STS and job burnout. For example, Cieslak, Shoji, Douglas, Melville, Luszczynska, and Benight (2013) conducted a meta-analysis of empirical studies that show evidence of this connection regardless of one's view of job burnout. They found studies that referred to STS as compassion fatigue and also as emotional exhaustion, and found almost equally significant correlations between STS and job burnout (p. 75). Furthermore, their findings identified a gendered component to understanding STS and job burnout, noting that "research in predominantly female samples" showed "significantly stronger associations" (Cieslak, et al., 2013, p.75).

Much of the research on VT and STS specifically pertains to professions that work directly with trauma, like law enforcement or emergency medical or fire services. However, some studies have examined VT and STS in other, less direct service professions. For example, Vrklevski and Franklin (2008) surveyed noncriminal and criminal lawyers for instances of VT. They found that lawyers working on noncriminal cases were less effected by VT than criminal lawyers who "reported significantly higher levels of subjective distress and vicarious trauma,

depression, stress, and cognitive changes in relation to self-safety, other safety, and other intimacy" (p. 106). Another major finding of this study was the connection between prior traumatic experiences and increased instances of VT and other stress symptoms among their sample. This correlation hints at the cumulative nature of VT and STS, and the ways that personal and professional stress intermingle.

Others have unpacked experiences of trauma and stress on those who work for nonprofit organizations. Because "non-profit organizations play an important prole in the provision of health and social services," according to Kosny and Eakin (2008), it is important to understand and advocate for the health and wellbeing of those who work in nonprofit social services (p. 149). While there are numerous "intrinsic rewards" for working in the nonprofit sector, "jobs in these organizations can be characterized by high demands, long work hours, low pay and exposure to violence…conditions which may be deleterious to worker health" (p. 149). Observations and interviews with staff at three social service organizations found that "rather than raising issues such as workload, client generated secondhand smoke or client violence as hazards, workers more readily discussed vicarious trauma and systemic problems as negatively affecting their wellbeing" (p. 156). Kosny and Eakin (2008) explain this trend as being "well-aligned with the client-centered mission" of social service organizations (p. 157).

A smaller body of research focuses on therapists, mental health clinicians, and victim services employees. Zaccari (2017) examined the ways in which trauma therapists' perceptions of "coping skills and self-care practices [impacted their] psychological needs [for] trust/dependence and control" (p. 11). Ultimately, Zaccari finds that for trauma therapists to be the most effective, they must engage with in self-care strategies to combat signs of VT. Not only

are self-care practices critical to mitigating negative impacts of VT and STS, they can also be instrumental in identifying more positive responses to working with direct or indirect trauma.

While the negative impacts of working with trauma are significantly pervasive and seriously impact trauma workers, not all trauma workers report negative effects. Vicarious resilience (VR) is one such positive response to working with indirect trauma. The American Psychological Association defines resilience as "the process of adapting well in the face of adversity, trauma, tragedy, threats or significant sources of stress — such as family and relationship problems, serious health problems or workplace and financial stressors. It means 'bouncing back' from difficult experiences" (American Psychological Association, n.d.). Strong and supportive relationships are key to resilient responses to trauma, as are positive views, self-confidence, and the ability to self-regulate strong emotions (American Psychological Association, n.d.).

As defined by Hernández, Gangsei, and Engstrom (2007) for therapists, VR "refers to the transformations in the therapists' inner experience resulting from empathetic engagement with the client's traumatic material" (p. 237). Edlekott, Engstrom, Hernandez-Wolfe, and Gangsei (2016) interviewed mental health care providers at three torture treatment centers in the United States to develop a conceptual understanding of VR. Study participants recalled "having witnessed their clients overcome adversity and having been influenced by this in one way or another" (p. 717). Using words like "humbling, inspiring, nourishing, or empowering," participants described changes to their own "self-perception and their general outlook on the world, an altered spirituality, modified thoughts about self-care, and a new view on trauma work and on connecting with clients" (p. 717).

VR is such a prevalent response to indirect exposure to trauma that even practitioners who introduce competing conceptualizations of VT integrate VR as a concept. In his meditation on his own experiences treating men who experienced sexual trauma, Gartner (2014) introduces a concept he terms countertruama. Countertrauma suggests "a fluid, intersubjective, two-person system" way to understand indirect experiences of trauma in lieu of VT, "which seems to imply a one-person model, with trauma residing first in the patient, then transferring to the analyst" (p. 612). Similarly, Gartner (2014) offers forth the term counterresilience as a two-person system for explaining shared feelings of being able to "survive and triumph over extraordinarily harrowing events" (p. 623).

Alongside VR, researchers have also labelled the positive impacts of direct and indirect exposure to trauma as post-traumatic growth (PTG). Tedeschi and Calhoun (1995) first coined PTG as a way to explain the positive growth that sometimes occurs after individuals experience trauma. While related, PTG is different from VR. PTG specifically pertains to an individual "that experiences a traumatic event that challenges his or her core beliefs, endures psychological struggle, and then ultimately finds a sense of personal growth" (Collier, 2016). Furthermore, personal instances of PTG can have an impact on professional practice and can be influenced by others' experiences of trauma (Tosone, Bauwens, and Glassman, 2016).

Despite all of the research on the topic of employee emotional wellbeing and the different ways that trauma workers are impacted by their exposure to trauma, there is room for more work to be done on the topic. Writing about workplace stress, Stamm (1997) noted that "the empirical literature regarding emergency service personnel is quite well developed, and the empirical literature about health care providers is growing. Other professions are lagging behind, but show promise of developing an expanded awareness of the problem" (p. 3). Professionals that work in

museums and other nonprofits can especially benefit from exploring these concepts and applying these concepts to their work.

Chapter 3: Methods

The purpose of this study was to understand how working in a trauma site museum impacts the emotional wellbeing of public-facing museum professionals, who interact with the public, whether visitors or other stakeholders, in some capacity in their job. A trauma site museum was defined as a museum at a site of collective trauma, such as a natural disaster, terrorist attack, the death of a public figure, or instances of systemic oppression or violence. Three research questions directed this study:

1. In what ways does working at a trauma site museum affect the emotional wellbeing of public-facing museum professionals?
2. What about their job specifically do public-facing museum employees attribute to their emotional wellbeing?
3. How do these museum professionals reflect on the opportunity to talk about the impacts on their emotional wellbeing?

Design

While this study draws heavily from a phenomenological design, it is important to acknowledge that in some ways it is not a true phenomenology. The goal of this study was to the understand the lived experience of public-facing museum professionals employed at trauma site museums, what Creswell (2014) calls the universal "essence" of an experience as it pertains to all those who experience it (p.14). However, this study takes a more descriptive approach to represent the nuance of what the experience of working at a trauma site museum is like and the emotions that participants encounter in the workplace. In exploring the nuance of these different experiences, this study presents percentages of participants as a means to understand and contextualize their responses, which is not characteristic of a phenomenological design.

Qualitative data were collected from semi-structured interviews with public-facing museum professionals who work at trauma site museums. This study also collected data through self-administered surveys of those same visitor-facing museum professionals. This chapter describes the sampling, data collection and analysis procedures, and the methodological limitations of the study.

Research Sites

Participants were recruited from one of three trauma site museums, including Eastern State Penitentiary Historic Site, Philadelphia, PA; Oklahoma City National Memorial and Museum, Oklahoma City, OK; and the Sixth Floor Museum at Dealey Plaza, Dallas, TX. At each trauma site museum, the researcher identified an individual holding a leadership position in the department of education. These individuals acted as gatekeepers, and were asked to identify all staff holding public-facing positions at their museums and assist in their recruitment for participation in this study. These individuals were provided with a recruitment flyer (see Appendix A) to share with potential study participants, who then expressed interest in participating to the gatekeepers. Gatekeepers assisted in scheduling interview dates and times for interested participants.

Eastern State Penitentiary Historic Site (ESPHS) is a mid-size historic site and former functioning penitentiary in the Northeastern United States. The notable and notorious penitentiary ceased operations in the 1970s and spent the next twenty or so years defunct until opening as a historic site to the public in the 1990s. This museum connects the history of incarceration to present realities through award-winning exhibitions and in-person interpretation.

Oklahoma City National Memorial and Museum (OKCNM) is a large museum and memorial in the Southern United States. This trauma site museum occupies the former site of a

domestic terrorist attack that injured over 600 individuals and caused the deaths of over 150. The museum itself shares a campus with other memorial structures. The museum has welcomed an estimated 2.5 million visitors since opening its doors.

The Sixth Floor Museum at Dealey Plaza commemorates the assassination of President John F. Kennedy in Dallas, TX on November 22, 1963. The museum occupies the former Texas School Book Depository, the site from which the shots that supposedly killed JFK were fired. The museum interprets the Dealey Plaza National Historic Landmark District and the John F. Kennedy Memorial Plaza. With more than 400,000 visitors per year, this museum strives to make history play a greater role their community.

Sample and Sampling

Overall, 21 public-facing museum professionals employed across three research sites participated in this study. In addition to participating in a semi-structured interview, all participants completed a self-administered questionnaire in order to ascertain basic demographic information and learn about their work history. Prior to starting the interviews, all participants were informed of their rights as research participants and verbal consent was obtained.

Gender, age, and work history help to describe the sample in this study. Table 1 explores the gender identity and age breakdown of the sample as a whole and by research site.

Table 1

Gender identity and age by research site (n=21)

	ESPHS		OKCNM		SFM		TOTAL	
	N	%	N	%	N	%	N	%
N=	6	100%	8	100%	7	100%	21	100
Gender identity								
Female	5	83%	7	88%	5	71%	17	81%
Male	1	17%	1	13%	1	14%	3	14%
Didn't answer	–	–	–	–	1	14%	1	5%
Age								
18-24	1	17%	–	–	–	–	1	5%
25-34	1	17%	1	13%	3	43%	7	33%
35-44	2	33%	1	13%	2	29%	5	24%
45-54	2	33%	2	25%	2	29%	4	19%
55-64	–	–	4	50%	–	–	4	19%

When asked about gender, 81% (n=17) of participants identified as female. 14% (n=3) of participants identified as male, and 5% of participants did not answer (n=1). Furthermore, the largest portion (33%, n=7) of respondents were between the ages of 25-34. However, age differed across research sites. Notably, with 50% (n=4) of Oklahoma City National Memorial and Museum's being between the ages of 55-64.

Furthermore, participants were asked to elaborate on their work history. The results of which are depicted below in Table 2.

Table 2

Work History by research site

	ESPHS		OKCNM		SFM		TOTAL	
	N	%	N	%	N	%	N	%
N=	6	100%	8	100%	7	100%	21	100
Years working total								
<1-9	1	17%	–	–	2	28%	3	14%
10-29	3	50%	1	12%	3	43%	7	33%
30-39	2	33%	3	38%	2	29%	7	33%
40-49	–	–	4	50%	–	–	4	19%
Years working in a museum								
<1-5	3	50%	1	13%	–	–	4	19%
6-9	1	17%	2	25%	3	43%	6	29%
10-14	1	17%	2	25%	2	29%	5	24%
15-19	1	17%	–	–	1	14%	2	10%
20+	–	–	3	38%	1	14%	4	19%
Years working in current museum								
<1-5	4	67%	3	38%	2	29%	9	43%
6-9	1	17%	–	–	3	43%	4	19%
10-14	1	17%	3	38%	1	14%	5	24%
15-19	–	–	1	13%	1	14%	2	10%
20+	–	–	1	13%	–	–	1	5%

Over half (56%, n=14) of participants have been in the workforce between 10-39 years. The largest portion of participants have worked in museums for 6-9 years (29%, n=6). Notably, only one participant had only been working in the museum field for less than a year. Furthermore, slightly under half of participants (43%, n=9) had been working at their current museum for under 5 years.

Data Collection

Data were collected through semi-structured individual and dual interviews as well as brief self-administered surveys. The researcher conducted interviews with consenting museum professionals, in-person and on-site. The interviews range in time from 28 to 70 minutes, and were audio recorded for later transcription. The interview guide and self-administered questionnaire were informed by Kern's (2013) Workplace PERMA Profiler to measure positive emotion, engagement, relationships, meaning, and accomplishment and Watson and Clark's (1994) Positive and Negative Affect Schedule (PANAS-X). The questions (see Appendix B) were intended to explore the experiences of public-facing professionals at museums at sites of trauma and understand their emotional wellbeing as a result of their jobs.

Data Analysis

This study obtained qualitative data through open-ended interview questions and quantitative data through closed-ended demographic questions on the self-administered questionnaire. Interviews were audio recorded, and those recordings were later transcribed and analyzed. In order to maintain the anonymity and confidentiality of participants, only the primary researcher had access to audio recordings and transcripts and performed all coding and analysis. This study allowed for each response to have multiple codes to holistically honor participants' responses. To answer the first and third research question, the researcher identified themes through emergent coding within responses to questions. In order to answer the second research question, the researcher again identified patterns within responses to particular questions and emotions, as well as across them.

Limitations

One limitation of this study is the nature of the research sites themselves. Each site memorializes an instance of collective trauma, often commemorating a particular type of traumatic occurrence with a unique context. These sites are not representative of all trauma site museums due to the highly individualized and contextualized nature of the traumatic events that they commemorate. For this reason, data collected from these sites are not fully representative of the experiences of public-facing museum professionals at other sites. Furthermore, emotions that museum professionals might experience at work will similarly vary by site, depending on each individual's own personal relationship to the traumatic event associated their museum of employment.

An additional limitation of this study is the self-selected nature of participants, which may have created a bias. Participants were people who felt comfortable exploring and sharing their personal experiences and emotions that they feel at work with the researcher, whom they had not previously met. Therefore, on the whole, participants were comfortable talking about their emotions openly. This study precludes museum professionals that maybe are not as self-reflective or comfortable sharing their emotions.

Tied to this is another limitation, the self-reported nature of the interview and self-administered survey. These methods collect only participants' reflections on their own wellbeing. Data may vary based on how self-reflective participants are about emotions that they feel in the workplace. As a result, the quality and richness of data might vary depending on how introspective each participant is or chooses to be during the interview.

Chapter 4: Results

This phenomenological study presents the lived experiences of museum professionals who work in public-facing capacities at trauma site museums and their self-described emotional wellbeing at work. An array of examples and quotations allows to reader to hear from the participants in their own words, as well as offers a variety of perspectives.

1. In what ways does working at a trauma site museum affect the emotional wellbeing of public-facing museum professionals?

Broadly, results suggest that participants experienced a variety of emotions while at work, to varying degrees of intensity, that manifested as a result of different situations and from different sources in the workplace. More specifically, results demonstrated that the emotional wellbeing of some study participants was indeed affected, both negatively and positively, by working in a trauma site museum,. However, for others, working in a trauma site museum did not affect their emotional wellbeing in the workplace.

A. Museum Professionals' Relationship to Trauma

Participants were asked to describe their relationship to trauma as an employee of a trauma site museum. Responses seemed to vary depending on the site and certain personality traits of the participants. Responses were coded into three emergent categories: **personal change**, **public expectations**, and **approach to the job**.

Many participants (36%, n=9) described their relationship to trauma in terms of the **personal change** they underwent as a result of their employment at a trauma site museum. For some participants, this personal change was framed as gaining a different outlook or perspective on their own lives:

> "…You deal with it on a daily basis…And I think that's the biggest takeaway, is when you work at a site of trauma, you don't get callous to it, but you do become

> so used to security and overthinking things and rethinking things. You never know when your last day is. Well, I mean, I have to know that better than anyone."
>
> "And one thing I have learned from people is the different emotions people have. Not only family members, survivors and rescuers, but just people in general. And the different ways people work through tragedies…Everybody's just so different and I value that. I think that that is life's lesson."

Other participants explained their personal change in that dealing with trauma in the workplace sometimes bleeds into their personal experiences outside of work. A typical example of this sort of response was as follows:

> "It just, when you spend that much time diving deep into the details of the end of someone's life, I mean, it's hard for it not to kind of get to you. And it just so happened that at the end of that year, [there was a death in my family]. And so, I think that because I had all of that stuff in my mind and we had just finished putting up that exhibit [about a funeral] that death really hit me and a lot harder than some of my other family members have."

Another participant conceptualized their personal change in terms of the strategies they've developed in order to cope with workplace trauma:

> "After you've been here a while, you sort of develop, strictly behind the scenes of course, a very dark sense of humor. You know, so you just sort of develop this kind of, it's almost like a callous, it's like an odd little sort of deflective sense of humor. But I think it's because we're surrounded by this story all the time. Um, and I think that you really can't allow the door to open to the deep emotional impact of it all the time. You have to sort of choose your moments. And sometimes they choose you. You don't always have control over it."

Other participants (32%, n=8) described their relationship to trauma by pointing out the impact of reconciling the various **expectations** that the public have for their experiences at a trauma site museum. Many of these responses specifically mentioned visitors' expectations of their site in some way:

> "Most of my interactions with visitors being in a, as a site of trauma, can be short and very kind of heavy…It's tough because I think people have trouble processing what this site really is. I think their expectations are very different than what they actually experience. So, I think that when they come in, they're expecting

> something different…So oftentimes I feel like the conversation isn't necessarily about what's here, it's about how people process what's, you know, what it actually means to tour a prison. And what that actually, you know, when you're actually stepping onto a site where people died, were in solitary confinement for their, sometimes their entire the entire time they were here, and like what that actually means and the effect that they can have on people. And so, their response to that trauma is to laugh at it. And it can often be really hard for me personally to interact, like to interact with it."

One participant explored this idea in terms of the expectations that other museum professionals have of working in a trauma site museum:

> "There was a, [do] you know *The Onion*? It's a satirical magazine. There was an article which I think you find really funny. It was 'A Day in the Life of a Cashier at the Holocaust Museum.' And, it was just all about like how this person is practically suicidal because they work at the Holocaust Museum day in and day out. And it was a satirical article basically talking about what these people go through who have to live and breathe the worst of humanity day after day after day…I get asked sometimes, by my colleagues, 'Oh, what that's like?' And I usually send them that article from *The Onion* and I do it with a little tongue in cheek note because you know, you do the best you can to survive in a situation like that. It's difficult for some and less so for others, depending on your personality. I think it comes down to personal perspective."

Other participants (28%, n=7) saw their relationship to trauma as an employee of a trauma site museum manifest in their **approach** to their work. For example, some participants talked about personally taking a trauma-informed approach to their work at their museums:

> "We are like the face of [tragic] stories for a lot of people. And as someone who's never been incarcerated, I can like keep it at a distance sometimes, but this, realizing that this was really, truly a space of trauma as I became more educated about how trauma operates in the world and like the real suffering that happened for a lot of people and the suffering that took place before people arrived at Eastern State…I just like can't separate the idea of the trauma and this space anymore, you know? The idea of vicarious trauma, learning about that, that we can take on trauma that we are around or tell the stories of, I also agree that it is real. I think that it's really up to us as workers to learn how to manage the impact that this site has on us, to acknowledge the role of burnout in any frontline facing museum education job…"

> "I've tried to research this topic a little also…So, there's what I would kind of consider that firsthand trauma. We are not in that stage. We're in kind of a second stage. We're educating, sometimes for the first-time folks, about what happened

> here and the trauma that was experienced here. So, in a lot of ways I think of it as a secondary trauma…Some things that have kind of come out [on this topic] is maybe compassion fatigue, but [what we experience] doesn't fit really in compassion fatigue [be]cause that's more firsthand. It can work a little bit. And it's not quite resiliency. There's no one size fits all."

One participant took this a step further and explained that they see their role in the workplace going beyond their standard workplace duties: "And I kid around about it being our social work face. We put on our social work face and, you know, go to it."

Some participants talked about how working in a site of trauma fundamentally changed their experience of the work that they do. A typical example of this change was as follows:

> "It can be really tough. I've, I was saying to one of my coworkers yesterday how it's hard to talk about how, where I work, to people who don't understand it…I'm like, 'Your day was different than mine. You're not interacting with visitors who are coming onto this site and are talking to me about really hard things that maybe they've dealt with.' They have a personal relationship with incarceration, and they want to talk about it. Or on the other hand, they don't know how to respond. So, they say things that maybe they wouldn't say otherwise, but they're here and they need to get it out and they say it at us…"

Notably, only one (4%, n=1) participant responded that working in a trauma site museum had not impacted their relationship to trauma. This participant described their relationship in terms of their personality in general, and not pertaining to the workplace:

> "So, I have to tell you, I don't really come in every morning thinking that I've worked at a place of trauma. I just don't, and I think that may be partly, it's not my personality. I tend to be a little bit more maybe happy and optimistic…I don't, again, I think it goes back to my relationship with the sadness of this place…I don't think it's really changed my impression of trauma."

B. Negative Emotional Wellbeing

Participants were asked to think back to a time in which they experienced the negative emotions of **anxiety**, **sadness**, and **anger** in the workplace. Then, they were asked to describe where they were in the museum at the time they felt each emotion, as well as who was around them, and what may have contributed to their feeling this way. Most participants described at

least one instance of feeling each emotion, with some sharing two or three instances. A few participants claimed to not experience a particular emotion while at work.

Anxiety. Almost half of the participants (47%, n=15) directly connected anxious feelings with the trauma of the museum site. Other participants (53%, n=17) associated anxiety with museum work in general, such as professional concerns relating to their daily tasks and duties. The responses that identified the site of trauma as contributing to their anxiety at work described two sources: handling **visitor interactions** or being in a **physical space** on site.

For some participants (34%, n=11), handling **visitor interactions** was the source of their anxiety. They described how visitors often experienced strong emotions during their visit, and participants felt anxiety over having to appropriately accommodate and react to a variety of emotional responses. Specifically, participants cited the uncertainty of predicting each visitor's emotional response:

> "The first couple of minutes when someone even comes to the door, I'm a little bit anxious, not necessarily in a bad way, but, you know, it's just that I'm kind of gauging. I'm really reading, I'm looking, and listening. So, there's a little heightened sense of alertness."

> "When I was in guest services the spot where we always stand to collect the audio players at the end of the tour is right here. You get really conflicting reactions from people when they're at the very end of their tour. You can hear them coming towards you and you can hear the comments that they're making about why they did this or they didn't talk about such and such. You get anxious. Or at least I would get anxious wondering if I was going to be attacked because of whatever was said in this exhibit that was established in 1989 that I had zero to do with. Or if they were going to quiz me on something that I wasn't going to be able to answer. And then you also get some people who are just angry because they feel a certain way about the assassination and the conspiracy theories. You can be met immediately afterwards by a woman in her sixties from the UK who's crying because she remembers exactly where she was and what she was cooking and what was happening at that moment. So, you're having to placate both guests and their emotional reactions to the exhibit without dismissing either one of their emotional reactions."

For one participant, their anxiety stemmed from their concern for any unintentional harmful impact on their site's visitors:

> "You do have to think so much about how this is going to impact the people that were most directly impacted by it. And so, when we are preparing new programs, we have to think a lot about how is this going to make these people feel? A lot of museums and stuff do like murder mysteries and stuff like that and it's like, 'Well, we can't do that. That's inappropriate and disrespectful.' So, trying to think about how this is going to make these people feel. I do think it makes me anxious sometimes just, you know, in our verbiage that we put out there on social media, newsletters, different things, events that we create. It's like, 'Is this going to hit anybody wrong and is it going to upset them?' We always want to honor their memory. And so, um, I think that the response by people sometimes makes me nervous and, and making sure that we're caring, honoring them and carrying on the mission..."

A lesser number of participants (13%, n=4) credited their anxiety to being in a **physical space** on site. These responses sometimes mentioned an emotional reaction to the architecture of the building:

> "It's weird, I feel like because [this location is] just, like, interior space. Sometimes it can be a really claustrophobic space…And I always tell the tour guides that's when they should take a moment to breathe because they've just delivered a lot of content. They have just brought their visitors really far into the story. And, like, for me, that is where I have felt very anxious at the first stop in Cell Block Two and then really needed that moment to kind of, 'Whew,' just take a moment. So, [Cell Block] Two is an anxious space for me."

Other times, participants mentioned being emotionally affected by an exhibition space:

> "The recording studio where you hear the recording of the bombing, that always makes me anxious. Just sitting there waiting, you know…So, for me that's probably the most anxious place. And it always has been."

Sadness. Most participants (97%, n=31) directly connected sad feelings with the trauma of the museum site. Only a single response (3%, n=1) did not associate sadness with the trauma of the museum site; in this case, sadness was associated with perceptions of their own potential professional inadequacy. Participants who identified the site of trauma as the source of sadness made comments that fell into four categories: bearing witness to a **visitor's emotional response**,

the **difficult or heavy subject matter**, **intersections** between the professional and personal**,** and the **traumatic events** that took place at the site.

One third of participants (31%, n=10) referenced bearing witness to a **visitor's emotional response**. Participants whose sadness came from seeing and interacting with visitors that are emotionally affected spoke of these encounters in the following ways:

> "This woman came, she was standing next to the register. She was there with her kid and she goes, 'I still remember the night my dad went to jail. I was eight years old. He's still incarcerated. And I think about it every day.' And then she talked about how it affected her sister, who was younger than her, and how it's affected her and how it's affected her as a mother…I mean people put these things on you, you know, and they talk about these things with you and it can be really hard. Sometimes it makes me angry and sometimes it makes me very sad…I guess if this was just a museum and people just wanted to come in and, you know, tour it and come out and leave and your entire interaction with them is positive and all those things, it would be a totally different job and experience."

> "I think just anytime that I see somebody in the museum that is crying because you think, 'Gosh, this has been this long,' but, you know, really time, grief never ends. And you don't know when it's going to hit you. So, I think those are the hardest times."

> "It's definitely hard not to get emotional seeing people come in and get emotional because we'll see people crying, and like get really upset because they remember it so vividly, you know? And then, it's rough to see other people get upset."

Other participants (25%, n=8) cited talking or thinking about **difficult or heavy subject matter** pertaining to the site as the source of their sadness. Sadness derived from the content of the museum was often represented in the following ways:

> "Right after you come out of the Hearing and into Chaos, and you see the baby shoe, that's just gut wrenching because you think, "Oh my gosh, this was somebody's child.' And it just really hit me that this is real. So, I think just thinking about babies, that's really sad."

> "It gets emotional being on the sixth floor. I will get emotional at the first theater where it shows the funeral footage. When I first started, I would get like almost teary-eyed because, just seeing Jackie hold it together for the kids…So yeah, I get emotional there, thinking about her and what she went through. I still do. I try not to think too much about it, you know, especially if I'm work walking around on

> the floor because I know I've definitely almost cried, even recently, because it's just so gut wrenching, you know?"

One participant mentioned that sadness sometimes came from when visitors have an inappropriate emotional response in the eyes of the participant:

> "I think Death Row is a tough one because even a group that's been sympathetic with you like the whole time and is into the content and you're on the same page. For some reason, death row just excites like people that get the kind of sadistic interest…"

Some participants (22%, n=7) referred to a time when the **personal and professional** intersected for them at work. Most people described sadness in terms of a time when something happening in their personal lives mirrored or compounded the trauma that they encountered in their work environment. For one participant, the point of intersection was their family history:

> "My mom started doing ancestry a couple months before I applied here, and we found an ancestor that was incarcerated here in the 1920s. The 1920s was a horrible time to be here as someone incarcerated. So just knowing that like someone I was related to, who kind of got erased from my family history, was here. It makes me really sad."

Another participant tearfully explained a personal connection to the trauma of her museum as a mother:

> "Sad, sure. Not overly sad. There was one time that I'm like, 'Wow.' This is where I really was thinking how things can hit. More so because I'm not out here every day. If you have a hard experience, then in a little bit of time you're going to be going back out to tell the same story, to do the same thing. So, I was kind of thinking on that a little bit…My son is four now, but at the time, he was like three or two and I'm like 'Oh man, I can't, I'm so lucky.' Cause I'm like, as a mom, my heart is like, "Ah," you know? So then of course working here too, just like that day and then the next day I'm like, 'Oh goodness.' You know, that's just kind of a sadness and that it was like, 'Oh.' But fortunately for me, I'm the – if I think too much on the children that I can make – and of course I cry very easily. But you know, you're just like, 'Oh man.' But that's kind of, and that's what, we get a lot of, we get a lot of the mother connections with the moms losing the babies."

Yet another participant saw the trauma they contended with in their professional life filtered through their personal trauma:

> "If there's ever a moment where the trauma of the assassination is filtered through the death of an individual who has worked here, who is a colleague, it all kind of comes together as one. A lot of it was about the assassination because I was experiencing a loss, not just as a person I enjoyed working with, but I was experiencing a loss of a partner in my appreciation for the impact of this event. So, his death was terrible…And it was all wrapped up I think in feelings about the assassination."

Finally, other responses (19%, n=6) suggested that participants felt sad upon considering the **traumatic events** that took place at their museum. Responses that fell into this category typically connected past tragedies to the present:

> "Sad. Yeah, I mean all the time. Sometimes I sit at my desk, I have a perfect view of the...big, looming octagonal tower on the front. And sometimes it rains a lot in Philly and it's gray here a lot. And you just look at it...The building was designed to be oppressive. It was explicitly designed to be oppressive and looming and it works still. I mean like 1,455 people died inside this building. Prisoners died inside this building…Sometimes you have the pictures in them, sometimes you know stuff about them. And the longer you look at the picture, I think the more real they become too…I think it's being inside of a cell, that's always depressing. It's not hard to put yourself in an incarcerated Eastern State prisoner's shoes."

> "On my very first day as a guest services representative…they send you through the exhibit so that you can…become familiar with it and see how the layout works. And when I got over here to the sniper's perch, there was a feeling of maybe dread in a way. Just like this heavy feeling of being in a place where something, maybe evil is a strong word, but that's the only thing coming to mind, you know, possibly happened."

Anger. Half of the participants (49%, n=17) directly connected angry feelings with the trauma of their museum site. Other participants (23%, n=8) associated anger with structural or organizational issues within their institutions. Some participants (14%, n=5) expressed that they did not feel anger while at work. Responses that identified something to do with the site of trauma specifically as the source of their anger fell into two categories: **rude or disrespectful visitors**, and thinking about the **traumatic events** that happened on the site.

A large portion of responses (31%, n=11) suggested that participants felt angry after interactions with **rude or disrespectful visitors**, who in some way were disrespectful of the site

and the gravity of what happened there. These interactions and the anger that they caused were explained in the following ways:

> "The guests, when I was in guest services, would often make me angry because people don't seem to understand how the logistical process works to get them from purchasing their tickets to upstairs. The thing that I think would anger me the most, though, is when people would come in to purchase their ticket and then be told the rules, which at the time was no photography on [the Sixth Floor]. They would become very upset, very vocal about that. And some people would demand to have their money back. And what I would want to say to them a lot of the times is, 'Do you realize that you're at the scene of a crime? How insensitive of you to demand that if you can't take a picture to mark the fact that you were here, that you're not even going to go upstairs.' And I would often bad mouth those people behind their back after they left because it's just ignorance…Every emotion is justified. You're allowed to have any emotion that you are feeling. However, I just don't agree with that mindset of 'If I can't take my picture, I demand my money back.'"

> "I think that I get angry at chaperones on tour sometimes. You can tell the kids are into it, and the kids are trying to have a meaningful experience, and they want to dive into the hard stuff. You want to talk about mass incarceration, they want to talk about race. And then you'll have some chaperone that's just like derailing the whole thing, you know? They're cracking inappropriate jokes or they're just all about ghosts and the paranormal, and you're talking about mass incarceration and the inequities of the criminal justice system with kids who are into it, and all they [the chaperones] want to hear about is Al Capone…"

Another participant specifically called attention to interactions with visitors who questioned the ethics of the existence of the site itself:

> "Oh, when people are so rude. They can just be so horrid…So it's usually dealing with guests that are angry or upsetting or offensive, like the ones who say that we make money off of his death…I had to control my attitude…It's keeping the backbone you have, but then being polite and courteous and explaining the procedures and policies and why we can't do certain things. It's just keeping a composure and then taking a minute, like going to the back, taking a deep breath, and venting to a friend. I call my mom a lot…and she's like, 'I don't know how you do it.' I'm like, 'I don't know either some days.'

Other participants (17%, n=6) described feeling angry at work when they thought about the **traumatic events** that happened on the site. One participant felt angry when they thought about the event itself:

> "I guess if I think about the reason why [the bombers] did it, I get angry when I think about…they were mad at the government and so they blew up a building. And to not think about, you know, the people inside and their loved ones…It's just random, you know? So sometimes, you have to compartmentalize…Because I mean, one of the cool things about working here is we're doing the job that we would normally do in any other museum…So, we're doing plain old museum work, but, there's just that added layer. So, if you can compartmentalize, and just be in work mode, then you don't think about it as much maybe."

Another participant felt angry when they thought about how the trauma of the site compounds over time and the legacy of that trauma today:

> "I feel the angriest when I am out looking at the building. So, because I have a different perspective on this building than I think a lot of people do. This building is the reason that I think we really have mass incarceration today…We are at ground zero of a lot of what's happening in this country, an issue that's become really personal for me…like opening the gate and like seeing the front and remembering that this was a real place. That's when I get angry."

Some participants (14%, n=5) claimed that they did not feel angry at work. Participants tended to attribute this lack of anger to their personality. For example, one person said, "I don't know that I've actually felt, maybe I should, but I don't know that I've actually felt anger on the site…I don't dwell a lot on the events of 1995." Another person commented, "I hate to sound cliché or anything, but I'm not really an angry person."

C. Positive Emotional Wellbeing

In addition to reflecting on negative emotions in the workplace, participants were also asked to consider positive emotions that they might have experienced at work, including **positivity**, **contentment**, **joy**, and **empowerment**. Participants were asked to think back to a time in which they experienced these positive emotions in the workplace. They were then asked to describe where they were in the museum at the time that they felt each emotion, as well as who was around them, and what may have contributed to their feeling this way. Most participants described at least one instance of feeling each emotion, with some sharing two or

three instances. A few participants claimed to not experience a particular emotion while at work. A few participants claimed to not experience a particular emotion while at work.

Positivity. Most participants (78%, n=21) directly connected positive feelings with the trauma of the museum site. The other participants (22%, n=6) associated positivity with their rapport with coworkers. Responses that identified the site of trauma specifically as the source of their positivity fell into three categories: **meaningful connections** with visitors, sharing **positive content**, and engaging in **personal contemplation**.

The largest portion of participants (44%, n=12) cited **meaningful connections** with visitors as the primary source of positive feelings in the workplace. Many participants framed their meaningful connections around having facilitated a transformational learning moment for visitors. These meaningful connections were often accompanied by a sense of personal satisfaction associated with this outcome, which participants described in the following ways:

> "Those are spaces, like, the 'A-ha' moment for people. It's not necessarily a positive moment always for them, but for me it's a positive moment to see somebody say like, 'Holy crap, this is huge.' So, seeing someone kind of get tuned into what's happening is, just makes me feel good because…it makes me feel like what we're working for here is working. It's affecting people."

> "When I saw the light bulb go off [in] that little seventh grade boy's head, and then his mom told me later that they came back over the weekend to see it because he was so intrigued by this museum. You know, I realized we are changing lives. I don't get to hear about every story, but we're changing lives. Our content, our programming, our people are changing lives. And if that can stop one Timothy McVeigh from doing this again, it's all worth it."

One participant explained the transformational learning moment in an emotional, and not educational context:

> "I think going back to this as a place of tragedy but also a place of healing, is seeing a guest process those emotions. You're not there to console, and you're there to listen. Like mainly when people want to talk, they don't really care about what you say. They just want to talk. And if you can identify that early on and just know that, like, 'Okay I'm here to also listen to your story because I might be part

> of the healing after you've gone through this.' I would say that's the most positive, when you see them walk away with almost a positive, healing memory from this place and seeing that kind of transition."

Other participants (22%, n=6) identified the ability or opportunity to share **positive content** pertaining to the site or what happened there as contributing to their positive feelings at work. Participants typically explained that being able to focus on positive content had a positive impact both on themselves and the people they were sharing this content with:

> "I always find the Synagogue and Jewish Life exhibit a really positive space for me because the story is really about a community coming in and helping the inmates who were incarcerated here…There were some stories in that [space] about people who got out of prison and bettered themselves and things like that…The Catholic Chaplain's Office is similar…It's [a] feel good story about an inmate that used art as a transformative experience. I think visitors really tap into that."

> "Where we do the behind the scenes tours is a lot of fun because we spin it to be positive. We're a place for remembrance and that in itself is positive because we're keeping the memories of all these people who've died. And so, we try to spin it that way instead of making it always be sad. Of course, it's sad because they died. But we're here for these families, keeping their loved one's memories alive…and making them see beyond the tragedy."

Still other participants (11%, n=11) mentioned that **personal contemplation** was the source of their positive emotions at work. Personal contemplation was generally described as being able to contextualize the traumatic event itself:

> "You have it all right there looking at you. You have the 168 people who paid the ultimate price…And then, you have the city and look at what the city has done. If you look at the story of Oklahoma City, this event happened at a major intersection in the, [for] lack of a better word, the spiritual aspect of this town in the 90s, you know? It could have gone this way, but it went this way, in a positive action. And this event was right in the middle of it…But when you see that, and you look at it, sometimes you just want to say, the resilience, which is one of our catch words here, really does exist. The human spirit is remarkable. And you can look at the city and this memorial and see how it all blends together to know that. It's very positive."

Contented. Over half of the participants (67%, n=16) directly connected feelings of contentment with the trauma of the museum site. Other participants (21%, n=5) associated contentment with other workplace occurrences, such as a professional accomplishment. Still other participants (13%, n=3) claimed that they did not feel contentment at work. Responses that identified the site of trauma specifically as the source of contentment fell into two categories: beholding the **beauty or calm** of the site or **meeting the visitor's needs**.

One third of participants (38%, n=9) cited the **beauty or calm of the site** as the primary source of contentment. Responses pertaining to the beauty or calm of the site typically described it in the following way:

> "I have been out on the memorial grounds in every kind of weather at every time of the day and the night. And no matter the time when you're out there…there is this sense of calm in the heart of the city, where such a trauma took place. It doesn't hit me every single time that I'm out there…It depends on the weather, if the light is real nice. It just depends on the situation. I don't know that anyone would ever use my name and the word…content in the same sentence, but it's as close to contentment as I'm probably going to be able to get…"

One participant spoke of contentment as emotion that, when felt by staff and visitors on site, can be infused into the museum and the city:

> "I'm hoping that these, this is so wishy washy, but I'm hoping these years of lightness, like with all of us here, laughing, can just bring some, lighten up the building and kind of change what it means for the city."

Other participants (29%, n=7) experienced contentment when they saw their site **meeting visitor's needs**, whatever those needs may be. For one participant, the idea of need was seen as the visitors' content interests:

> "I think work-wise, it's usually on tour where we're all really meshing well together. Everyone's really present, asking really good questions…The groups that come in with…just a general interest and a willingness to learn, whether it's the dads that are really into the plumbing and want to talk about where the stone comes from, or the kids that want to know about the ladder escapes and if anyone climbed the wall, and then they're outside starting up at the 30 foot walls

> wondering if they could do it too. It's cool [be]cause we call it a site of trauma. Over 140 years of some great, some not so great, things happened here to now have it be a museum that we can all learn from."

Another participant interpreted a need as being related visitors' emotions:

> "We opened the site…One of the coolest things I saw was a family…brought buckets of chicken and they put a blanket down, to sit down and have lunch by the chair [representing their deceased loved one]. And I thought, 'Wow, of all the things.' I mean that's the sweetest, kindest, homiest. I mean it was like the biggest connection, just relaxing to have lunch with her sister…I was content because I felt like the site met their need…"

A few participants (13%, n=3) claimed that they did not feel contentment at work. For some, the lack of contentment stemmed from their job generally:

> "Um, I don't know. I guess contented isn't really an emotion I tend to associate a whole lot with my job."

> "I can't think of something, if I'm going to be perfectly honest…When I think of the word contented, I think calm, satisfied. I'm at peace. I don't think I've ever felt like [that here.]"

One participant remarked that this might be due to the fact that, for them, negative emotions were easier to recall than positive ones:

> "The negative seems to be louder than the positive sometimes. And so, I think moments where I felt content at work have been after I've given a good tour and I know it was good. Or, after a meeting I've had with my boss…and I feel accomplished. But, that's honestly about it."

Joyful. The majority of participants (85%, n=23) directly connected feelings of joy with the trauma of their museum site. Other responses (15%, n=4) associated joyfulness with other workplace occurrences, such as a professional accomplishment. Responses that identified the site of trauma specifically as the source of their joy fell into three categories: **positive impact on visitors**, **coworker support**, and the **site itself**.

Half of the participants (52%, n=14) identified that their joy stemmed from having a **positive impact on visitors**. For some participants, this positive impact could come from programming:

> "We had a program in there yesterday that was a full day seminar for this group of folks from California. And they learned a lot in there. They just learned a lot and they were so grateful to be here. They had never thought about the issue deeply before. It really shows like evolution in our work, that we can be a convener for that kind of conversation. And in terms of the school tour, young people interacting with the building and expressing themselves and becoming charged up about the issue, I have watched a lot of that unfold in there. It's also a space where we do staff training. So, I'm always excited when new people come to interpret this building [be]cause they will do it in a way that probably somebody has not done it before. Watching people's like gears move, right? And watching them think about something for the first time is, I think, fits into joy for me."

> "Sometimes our director [will] send around an email, like after an anniversary, somebody'll send her an email saying how wonderful it was…And it makes you really happy to know that you've had an impact and made somebody else's day. Even though it might be a sad day for them, we helped them, whatever that might be."

For others, simply seeing visitor's excitement at being on-site caused joy:

> "I like when people get really engaged and they get really excited about it when they first come in and they're like, 'Oh my God, I've always wanted to come.' And their excitement brushes off on me and they get really happy and joyful and I'm like 'Good, you should feel that way…'"

Other participants (26%, n=7) drew a connection between joyfulness and **coworker support**. Some participants felt joy when they were supported by coworkers, which typically looked like the following:

> "I really like my coworkers. I feel like we all like are kind of eccentric people who band together to like really try to make things happen here. So, I think that's a space that I feel joyful because I feel very supported by the people here."

Other participants felt joy from being able to support their coworkers, which one participant described in the following way: "I really like evaluating programming. So, I go on an educator's

programming and I love watching people grow and do like a great job. And knowing that I was, had some kind of hand in it...”

Still others conceptualized joyfulness as the feeling of meshing with your coworkers both personally and professionally. One participant commented that feeling joy from coworkers transcends the tragedy of the site in some way:

> “I think joyful just comes in the personality of the person or who you’re working with, you know? And that's less so about like the message and the tragedy of, but just the joyful. That you can have these good moments at a place of tragedy and it can transcend the tragedy, you know? And I think that's like everyone here is very respectful, but I think that those moments, the joys, are kind of amplified by the fact that you do work at a tragic site, but you can still have those joyful moments that are a glimpse of like, ‘Oh my goodness, this happened here. But life goes on…’”

A lesser number of participants (7%, n=2) explained that joyful feelings came from the **site itself**. One participant felt joy at the thought of preserving and sharing the site with others:

> “So, I think I really get excited and joyful whenever we're opening new spaces to people and they kind of still have that ruinous, off the beaten path feel, like hidden gems and they're new…Preservation work makes me really happy seeing this building saved.”

Empowered. Slightly over half of the participants (58%, n=14) directly connected feelings of empowerment with the trauma of their museum site. Other participants (33%, n=8) associated empowerment with other workplace occurrences, like the feeling that you are excelling at work. A few participants (9%, n=2) claimed that they did not feel empowered at work. Responses that identified the site of trauma specifically as the source of empowerment fell into two categories: the **people that we help** and the **work that we do here**.

One third of participants (33%, n=8) indicated that the **people that we help** were the primary source of empowerment in the workplace. Empowerment was frequently described as

the ability to help visitors connect with the site's content or with their own emotional responses to that content:

> "There are definitely times when you're giving programs and you can see that you've made a difference. That's empowering, [when visitors are] really interested in this now. And hopefully they'll take some of this message away and they'll, they'll really see, 'Okay, this is not how we want to resolve a conflict. There are better ways to do this. Or you know, I'm going to go learn more.'"

> "When you've seen people go through that journey of mourning, and then they leave, not joyful, but a little healed, and you might've played a part in that. You feel empowered in that you work for a place that creates an environment where they can go and help process those emotions…It reminds me that we're all here for a reason."

Empowerment was described by one participant as the ability to help entire communities come to terms with their own tragedies:

> "I think 9/11, we were here working…We realized we immediately had a role to play in helping. And so, we were empowered to send teddy bears. And family members and survivors and first responders [were empowered] to ride the ferry boats back with them from the harbor to the Ground Zero. And so, I think we did really good work then and I think we've had the chance to do that several times with other events and activities. It allows us to take a step back and see what a community might need and choose the right people to go there. It's never the same people. And hopefully, they can impact people. And I think we're empowered then to help Boston or Las Vegas or other sites of terrorism. What can we do both as an institution, as a city, to help what's you're going through with lessons learned? I think we've done that very well."

Other participants (25%, n=6) drew a connection between empowerment and the **work that we do here** to preserve and share the story of the tragedy that occurred. One participant described empowerment as a daily occurrence:

> "I mean for me, it's almost every day…We get so many school kids here and I look at them, and I'm like, 'How do we tell this story so that, this is where you live, this is where this happens?' I want them to come in and learn this story. So, I mean, to me, there's a nugget of it almost every single day. [I] believe the story of this place is so important. If people would just recognize more of this, the world would be such a better place. And we are lucky enough in that what we do, it lets that story be told. So, for me it's every almost every day."

A few participants (9%, n=2) indicated that they did not feel empowered at work. One participant said that they felt unempowered because they could not choose whether or not to engage with visitors around difficult content:

> "It's an emotion we've talked about on the front line...about how unempowered we feel a lot, sometimes dealing with difficult visitors…I always say, 'I'm not myself on tour.' I put on a persona. I even changed my voice a little bit. I kind of put on a wall of you're getting me as a tour guide. You're not going to hear my real opinions. I'm not going to really think critically about what you believe. I'm going to be here just to facilitate discussion. If we happen to agree on stuff, maybe I'll put more of myself into my tour. But knowing that I don't have the freedom to shut down a conversation that I think is getting out of hand, or knowing that I can't walk away from it, knowing that I have to kind of play these like, mental mind games and jump around to shut something down, it doesn't feel empowering. It just feels like another hurdle."

Another participant explored how working in a visitor services capacity might contribute to a lack of empowerment in the workplace:

> "I think it's hard to say that I ever felt [empowerment] because the kind of a position that I'm in, there's not a lot of power. You're often stuck in a place where you have to interact with somebody or people and you can't leave. And there's a powerlessness to that. And I think that it's hard to feel empowered sometimes…I think also there's a lack of empowerment just being someone in customer services, you know? There's just that lack of power that's inherent in the job, in any sort of customer services experience."

2. What about their job specifically do public-facing museum employees attribute to their emotional wellbeing?

This study found that public-facing museum professionals often attribute their interactions with the public, positive or negative, to their emotional wellbeing. Looking across the seven emotions that participants were asked about, 40% (n=80) of the responses mentioned the public in some way. Furthermore, in five of the seven emotions, the largest percentage of responses mentioned interacting with the public. Notably, this was not the case for feelings of anxiety or contentment. According to the responses, feelings of anxiety primarily came from

professional or logistical concerns and feelings of contentment mostly came from the beauty or calm of the site itself.

A. Impacts of being Public-Facing on Museum Professional's Relationship to Trauma

Participants were asked to consider how being public-facing impacts their relationship with trauma in the workplace. These responses were coded into three emergent categories based on how participant's conceptualized the effect that being public-facing had on their relationship with trauma as an employee of a trauma site museum: carrying the **weight** of the intense emotions that visitor's experience in the museum, implications for my own **self-care**, and the professional **responsibility** to do emotional labor by virtue of working in a trauma site museum.

Half of the participants (47%, n=14) mentioned the emotional toll of visitors' emotions and commented that the **weight** of visitors' emotional reactions to the museum affected their relationship to trauma in the workplace. Responses indicated that their trauma site museum frequently brought forth intense emotional responses in visitors, and participants recounted the heaviness or extreme level of emotional involvement of interacting with visitors. Some participants intimated the need to put the visitor's emotional needs above their own. A typical example of theme was as follows:

> "You have some people who come in who are just really moved by it and they remember it and they just want to tell their story. And I make sure that person, when they're telling me [their story], they have my undivided attention because it all starts the same…but they're all so equally important and we're losing them so quickly unfortunately…You just stand there and take it because you know, it's not about you at that moment…You know, some people leave really upset, some people leave feeling better."

Other participants talked about the need to practice empathy and remember that visitors have different levels of content knowledge or personal investment in the tragic topic the museum commemorates, which might not reflect their own:

> "You have to realize that we're here to serve visitors, and visitors, might have different expectations or different ideas about incarceration and the people that are incarcerated…I've thought about it a lot, and I've talked to some people about this, you go to another like site of conscience, like for an extreme example you go to an internment camp or you go to a concentration camp in Poland, nobody's cracking jokes…[Prisons] are looked at as necessary social institutions by most people or the general public and that people who go to prison are there for good reason. And they're not totally wrong there. I think it's more complicated than that. So, I think there's like this weird expectation that it's okay to like to mock the story of the trauma of people that go to prison or at least feel no sympathy…I can't tell people that they should feel sorry for people, but sometimes it comes off as callous or unfeeling. So, it's hard to remember sometimes that people have not thought about these things so critically as we have, and that it's a museum and we know that museums for most people are leisure activities and they're here with their families or their friends to have fun…They're not here to have that empathy exercise."

Another participant expressed a similar idea, but in the context of the emotional drain that comes from interacting with a multitude of visitors in one day:

> "I think one of the hardest things to keep in mind is that a visitor is coming to you for the first time. And so, they're learning so many different things all at once. They're processing everything at their own speed. And so, they might say something to you that does sound a little insensitive. What they don't know is that I've dealt with someone similar a thousand times just that day…I have no energy to give back to these people when it comes to like things that they don't know are insensitive and it's hard to remember that they don't know."

Some participants (37%, n=11) dealt with the **self-care** required after interacting with visitors. One participant explained it as emotional whiplash. They were constantly unsure of how visitors are receiving information at their museum, and this made taking care of themselves in response very difficult:

> "It's at the point [where] you'll get a question from a visitor, and it's like, 'Are they genuinely interested in the history or are they sensationalizing it?' It does make me a little guarded of when I do answer those questions, trying to test it out to see which way is this conversation going to go. And then am I going into depth about this? There's ways to answer questions that doesn't invite conversation, which is a type of self-care that I practice here, whether or not I'm going to be willing to deep dive with the visitor about something…I have to gauge my own mental preparedness for a conversation about something like that."

Another participant explored how visitor interactions keep them connected to the tragic content of their site, when otherwise they might be able to tune it out:

> "I do think a lot of times we can get not jaded, but we just are so used to hearing it and dealing with it, that we get too close to it. So, it doesn't impact us as much sometimes. And it's just that small thing. Occasionally, when I do like interact with somebody, they pull me back into like, 'O, I didn't think about that.' Or 'Oh yeah, I guess I can see that perspective,' you know? So, it does kind of pull you back out of your protective bubble. First responders always say that they have to kind of categorize things to make it work at home because they see so much during the day. And I think, sometimes, it can be an overload here too. There's all of this overwhelming sadness and, and then you're thinking, 'Oh my gosh, everyone can be evil.'"

One participant spoke about the difference in their emotional response to their site when they are at work and when they are not at work:

> "It's funny because in my personal life, I'm a crier. Oh, it doesn't take much, like a really well produced commercial and I'm just in tears…So, I've always had to be very careful of that at work because there's a lot about our story that can affect me that way…But I think over time, I've sort of gotten used to some of the things. I know where the pitfalls are...I can prepare myself a little bit better."

A smaller number of participants (17%, n=5) conceptualized their engagement with trauma in the work place as part of the **responsibility** of being public-facing. For these participants, working in a public-facing capacity shaped their workplace identity and relationship with trauma in the workplace. Participants described their responsibility to do emotional labor with and for visitors as a part of their job as a public-facing employee at a trauma site museum. Most responses saw their responsibility as being nonjudgmental and respecting the wide variety of and intensity of the emotional responses of visitors:

> "I really have not ever tried to judge any family member or survivor or first responder on how they have grieved or moved forward because I think that's so personal. How I might do it might be very different than how you do it, or very different than how my husband would do it, or my kids. And everyone has to find their spot…It doesn't mean it's easy and doesn't mean it's going to get easier or smoother because time doesn't always heal all of that. But it does mean it comes with a big responsibility and we take that very seriously."

> "Another thing I've learned is just don't pass judgements. I mean, that's not our job here, to pass judgments on anybody."

3. How do these museum professionals reflect on the opportunity to talk about the impacts on their emotional wellbeing?

This study found that participants generally saw value in examining their emotional wellbeing in the workplace. Findings demonstrated that for most participants (96%, n=26), there was some value to participating in this study and understanding their emotions in the context of where they work and the work that they do. Participants were asked to describe what it was like for them to participate in this study. These responses were coded into three emergent categories, or types of reflections: reflections on the **significance** of this topic to the field and other museum professionals, reflections on their **emotional experiences** in the workplace, and reflections on the **process** of describing and discussing emotional wellbeing.

The largest portion of responses (37%, n=10) explained the value of participating in this study by reflecting on the **significance** of this topic for the field and for other museum professionals that may or may not be employed at museums at sites of trauma:

> "I think it's a kind of an overlooked aspect. I think all museums, well maybe not every single one, but I bet 95%, 90% of all museums have some dark parts that they deal with. Whether it's a lynching, [or] somebody who was murdered or some mystery. You know, there's lots of things that people have to deal with and, maybe they're just superficial with it or maybe this will give them insight to get deeper into it because sometimes when you're not at a site that's of tragedy like we are, other museums might not dig as deep because they're kind of hesitant. They just might not feel the need to dig deeper or maybe allowed by the culture of the museum. It depends on the culture of the museum, whether you can dig deeper and explore some hard topics. And I think here, it's always right up front. This is a dark topic, a hard topic. But here we're trying to move forward out of that and show the good things that come out of it, the remembering."

> "I think it is really important, especially since more and more tragedies keep happening around the world and the country…My background is actually in 19th century American historic house museums and so I have toured many places

> across the South and in the New York area. I think a lot of times those places could easily be connected to a site of tragedy simply because of the people that were held in slavery on those sites."

One participant described the significance of studying the emotional wellbeing of museum professionals at trauma site museums as a means to share their experience working at a trauma site museum to other museum professionals and the public more broadly:

> "I think reflecting in this way is a very good way to put everything into a big picture. And make it in some ways easier to explain to myself, but also to others, why working at a site of trauma like this is not actually a daily trauma for me. It's a really interesting set of professional challenges because it's a traumatic history…It can still affect us. It's not like we don't feel it. But, on the whole, I think most of us are able to treat the subject matter through the lens of our professional experience, which makes it more of an interesting logistical challenge than just a straight up emotional experience."

Some participants (33%, n=9) explained the value of exploring emotional wellbeing in the workplace in terms of the personal benefit of increased clarity on their own **emotional experiences** at work. Participants generally reflected on this increased emotional awareness in the following ways:

> "Doing this has made me more aware of how most of my happy feelings on-site come from the people I work with and not most of my visitor interactions. I mean, I know they say that the bad tours will stick with you more than the good. I think that's true in every aspect of life. You remember the negative experiences. There's a lot of good that does happen here, which I always try to remember. It's hard to sometimes, but I try to remember. Some negative emotions that are, that happened here, which is why you try to leave work here when you can and not take it home with you. And we do have that problem here…And I love that we're all very into this issue and that we read a lot, but I don't think it's good for our mental health."

> "I mean this is a terrible comparison, but like don't they talk about Stockholm Syndrome? Where are, you know, you're in this traumatic situation but you become used to it, right? Isn't that what Stockholm syndrome is? So, I'm not saying that we're in that situation, but you know, that, that we're, you know, you're kind of, yeah. You, the walls, the space, everything becomes an everyday thing and it's not something exceptional."

Other participants explained that they generally don't have the opportunity to talk about their emotional experiences at work because of the nature of their job and what is required of them at work, and that participating in this study was valuable for that reason:

> "It felt good to talk about those things and then talk about how I feel. Thank you for asking visitor services because I think that we have some things to say."

> "Well, I mean when you're at work, you're at work. I don't talk about my feelings that much, cause um, my job is listening to everybody's else's, you know?...So, my job, my attention is on those visitors and my employees 100% of the time."

Multiple participants explained the value in terms of being able to put their emotional experiences at work into a broader context of their emotional wellbeing:

> "It's nice to be able to look back and see, you know, although there have been times when I have been angry or anxious, for the most part, I think most of my experiences here have been very positive. And you know, even the ones that have a grounding in sadness, or even to be honest, the ones that started out as like a heart stopping anxious moment, they ended well."

> "You might go for weeks or for months and you know, you get lost in the job that it's like there's a whole bigger picture and all these people are coming here to experience that. So, I thought it was just an interesting kind of revisiting of all those instances."

Some participants (26%, n=7) described what the **process** of reflecting on workplace emotional wellbeing was like for them personally. One participant explained that employees at their site regularly talk to each other about their emotional experiences at work:

> "The only difference I would say is it's like talking to an outsider about this stuff because we talked about it every day. For most of the frontline staff, it's just kind of a part of the workplace culture here…I think I already had the vocabulary for you. I don't know if it came through. It's kind of in the water. Which I think is something that people really like is there, a culture of not just camaraderie but also like intellectual stimulation, problem solving."

Multiple participants shared thoughts on the process, and what they learned from participating in this study:

> "A little cathartic."

> "It was interesting to kind of think through some of the different ways I experience different emotions with the space and stuff."

> "It was hard. It was interesting to think about my relationship to the office versus like being on the floor…But I have been aware of that Cell Block Two is a hard space for me for a long time, so it was good to talk about it."

Some participants explained that the process reminded them of the reason that the do the work that they do and why they are fulfilled by it, despite any negative emotional impacts:

> "A little nervous first, a little nervous. And then, you know, it could get a little emotional at times…I like talking about my job. You know, why I do what I do. It's a tuner upper, you know, remembering this is why I work so many days straight or why I deal with the people who are all like, 'Well, you do this wrong, or you do that.' And it's like, 'No.' Or, you know, reinstating the fact that I'm very fortunate to be where I'm at because I've always wanted to be here ever since I was young…"

> "It was interesting because it was kind of an emotional dump, like dumping out, but it was also a revisiting of all of those occurrences that you never, you know, you're in an interview…so you don't have that a lot of time to like put answers together. So, it is very candid [and] the candid, honest answers caused me to reflect back on those moments. And I thought that was really interesting cause it was like, 'Oh yeah, that. That is what we do and that is why we're here.'"

Chapter 5: Conclusions and Implications

The purpose of this research study was to understand how working in a trauma site museum impacts the emotional wellbeing of public-facing museum professionals. Recently, there has been increased interest in understanding and addressing the wellbeing of visitors to and professionals that work within museums (Center for the Future of Museums, 2019). This growing interest is happening in conjunction with increasingly prolific and devastating instances of collective trauma that plague our communities and personal lives. Yet, both the emotional wellbeing of museum employees and on trauma site museums was found to be vastly understudied. This study hopes to inform trauma site museums on how they impact the museum professionals that work in them currently and will work in them in the future.

Using a phenomenological design, data were collected through 21 semi-structured interviews with museum professionals at three trauma site museums in the U.S. All participants were in some way public-facing, or interacted with the public, whether visitors or other stakeholders, in some capacity through their job. This chapter summarizes conclusions from the study, situating the findings within the literature, and suggests further implications for practitioners and researchers.

Conclusions

Working at a trauma site museum affects the emotional wellbeing of public-facing museum professionals in both positive and negative ways. It also redefines their relationships to trauma.

The results of this study suggest that, for some museum employees, working at a trauma site museum does in fact affect their wellbeing by impacting their relationship with trauma and their emotional wellbeing in the workplace. The extent to which museum employees are emotionally affected by their place of work is dependent upon an individual's personal

experience with prior trauma and the nature of their personality (Norris et al., 2002). However, sometimes, institutional decisions directly impact museum employees. In particular, trauma site museums cultivate different relationships with trauma at an organizational level through decisions they make about on exhibitions and programming (Violi, 2012) in order to capture collective memory and interpretation of traumatic events (Clarke, 2017). The specific ways in which trauma site museums codify collective memory creates a "system of meaning" for understanding trauma for their audiences and their staff (Hirschberger, 2018, p. 2). Museum professionals absorb these systems of meaning that are created in museum environments and incorporate these systems into their outlook on their own lives, and sometimes mortality, outside of the workplace, shaping the professional and personal identity of these employees.

Furthermore, this study found that the emotional wellbeing of some employees is impacted negatively by their work at trauma site museums, which fits into existing literature on vicarious trauma and compassion fatigue. Participants explained that witnessing visitors' emotional responses to their site is like an emotional weight they bear. This emotional weight in turn affected their relationship with trauma and self-perception of their role at work. Public-facing employees carried the weight of others' emotions by virtue of their jobs and as a result developed intimate relationships the trauma of others over time (Vrklevski and Franklin, 2008). This emotional baggage accumulated and changed their outlooks on life, a trademark of vicarious trauma. Participants described these changes along on spectrum of severity, from pitfalls to be aware of overtly "harmful" changes, in what parallels descriptions of vicarious traumatization (Baird and Kracen, 2006, p. 181).

In contrast, this study also revealed that some trauma site museum employees experience positivity, contentment, joy, and empowerment in the workplace which might be indicators of

vicarious resilience as a result of their work. For some, seeing the resilience of visitors to their sites changed their outlook on life and caused "positive personal growth" (Hernández, Gangsei, and Engstrom, 2007, p. 237). This positive self-growth could be a change in how people saw the world or themselves, their connections to others, or self-care (Edlekott et al, 2016, p.717). Participants frequently cited opportunities to help visitors as source of their positivity. They were fueled by the healing and reconciliation that visitors experienced at their museum and by the perceived change they had in people's lives. Trauma site museums, and museums generally, must take action to support employees that respond to traumatic content or interactions with trauma in their site, whether professionals' responses are negative or positive.

Public-facing museum employees attribute their workplace wellbeing to the nature and number of interactions they have with the public at their museums.

The results of this research indicated that some public-facing museum professionals employed at trauma-site museums attributed their positive and negative emotional wellbeing to their interactions with the public. In describing both positive and negative emotions in the workplace, museum professionals pointed to the expectations that visitors had of their site and the disconnect between that and how they personally viewed their museum and its mission. The idea of expectations versus the reality of emotional museum experience is present in the literature (Bedigan, 2016; Hamber, 2010). In particular, Bedigan's study (2016) found that visitors to and staff of museums have different emotional expectations of their visits. Furthermore, museum staff expect to feel concern and empathy at higher rates and pleasure and satisfaction at lower rates than visitors (Bedigan, 2016).

Trauma site museum employees must reconcile their own beliefs and feelings about the trauma of their site. Many participants spoke about remaining nonjudgmental and obscuring their

own emotional responses to be respectful of visitors to their site, prioritizing the visitor's emotional wellbeing over their own (Munro, 2016). Carrying the weight of visitors' emotions is emotional labor that museums professionals perform both because it is part of their job and because it is their responsibility to support the public in making sense of trauma and honoring the memory of the site at which they work and those most affected. This sense of responsibility relates to literature about meaningful work and the idea of a professional calling in that many participants framed the work that they do as being meaningful in some way or having personal and social significance (Bunderson and Thompson, 2009; Schabram and Maitlis, 2017).

Public-facing museums professionals at trauma site museums reflect positively on the opportunity to talk about their emotional wellbeing.

This study showed that museum professionals employed at museums at sites of trauma saw value in reflecting on their workplace emotional wellbeing. And while emotions are traditionally difficult to gauge and measure (Harold & Bleiker, 2008), participants in this study spoke clearly and eloquently about the range and depth of their emotional experiences in the workplace. Participants reflected on the significance of participating this this study and sharing their workplace emotional wellbeing for the field and other museums professionals, the emotions that they feel at work, and the process of looking internally at their own wellbeing. When they described the significance of reflecting on emotional wellbeing for the field, participants frequently mentioned the "culture" of their workplace and how their museum can support them by creating space and opportunities to engage in dialogue about emotions. To borrow from the literature, participants were describing a trauma-informed workplace culture, one that strives to "create a safe context, restore power, and support self-worth" (Yatchemenoff, Sundborg, and Davis, 2017, p. 167).

Implications

For Practice

This research could inform museum practice in three ways: developing institutional strategies for handling the effects of negative emotions in the workplace, imploring trauma site museums to prioritize self-care for their employees, and advocating for the implementation of trauma-informed practices to support employees.

Museums should take responsibility for the emotions that they evoke in visitors and staff. Prior research suggests that visitors to trauma site museums experience intense emotions during their visit, and that museums often intentionally design experiences to evoke these emotions (Bedigan, 2016; Hughes, 2018; Soren, 2016; Witcomb, 2013). Furthermore, these emotional experiences are intentionally designed to be "transformational" for visitors either intellectually, emotionally, or morally, and have a lasting impact (Soren, 2016, p 237). If trauma site museums have this magnitude of impact on casual visitors, why would they not have similar, if not greater, impacts on staff?

This study recommends that trauma site museums develop institutional strategies for handling the potential vicarious traumatization of public-facing professionals in their institution. Some sites are further along in offering this kind of support to their employees, through working with social workers or integrating a trauma-informed approach to their work. However, as Munro posited, many museums should to train employees on how to deal with the emotional aspects of their work and prepare them for the emotional labor that their job requires (2014). Emotional competency training (Munro, 2014) and "decompression sessions" among staff to create space for staff to discuss their feelings (McCarroll et al., 1995, p. 68) are two such

strategies that museums can build upon to help mitigate the negative effects of interacting with trauma in the workplace.

Another implication for practice raised by the results of this research is that trauma site museums could find ways to make self-care an institutional priority. Museum professionals perform emotional labor when they manage the emotions that they express while at work, sometimes expressing emotions that they do not feel, in order to do their jobs effectively and uphold their museum's mission (Grandey, Diefendorff, and Rupp, 2012). Prolonged emotional labor can have injurious effects on their wellbeing (Kosny and Eakin, 2008), which connects to a finding of this study that museum professionals see emotional labor as a part of their job and identity.

Organizational culture is key to mitigating vicarious trauma and secondary traumatic stress in the workplace (Nelson, 2015; Meichenbaum, 2007). Museums should promote a trauma-informed organizational culture by offering training and resources to educate staff about vicarious trauma, including signs and symptoms of vicarious trauma, encouraging employees to check in with themselves and with one another, and supporting self-advocacy among employees for their emotional needs at work. Furthermore, setting and respecting personal boundaries among staff and considering workload balance, as Meichenbaum suggests, presents another way that trauma site museums can take a trauma-informed approach to museum work (2007).

For Research

There are ample opportunities to grow the field's understanding of both employee emotional wellbeing and trauma site museums. This research study sought to understand the emotional wellbeing of public-facing professionals at trauma site museums. A major finding of this study illuminated the importance of self-care for museum professionals at trauma site

museums due to the extreme emotional weight they bear. Emotional baggage that comes not only from their own emotions, but also the emotions of the public they interact with on a daily basis.

This study did not, however, explore in depth the specific self-care strategies that employees at trauma site museums use to cope with the impacts that their work has on their emotional wellbeing. A future study might take a case study approach to ascertain specific self-care strategies that trauma site museum employees use at work and outside of work, combining interviews with staff and document analysis of institutional policies or practices related to opportunities to learn about or engage in self-care in the workplace. It would be interesting to continue to study pubic-facing museum professionals in these settings because of the impact of interacting with the public on professionals at trauma site museums.

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Appendices

Appendix A: Recruitment Flyer

CALL FOR PARTICIPANTS
University of Washington | Graduate Thesis Study
Trauma Site Museum Employees and Emotional Wellbeing

PARTICIPATION ENTAILS:
An in-person interview, which will last between 45 minutes and 1 hour. In addition, participants will be asked to fill out a short questionnaire. Participation in this study is completely voluntary.

WHEN: March 2019

WHO:
- Dorothy Svgdik – Master's Candidate, Museology – University of Washington – dsvgdik@uw.edu
- Jessica Luke, PhD – Committee Chair, Museology – University of Washington – jjluke@uw.edu

WHAT:
A Graduate research study to understand how working in a trauma site museum impacts the emotional wellbeing of visitor-facing professionals. At this stage, a trauma site museum is defined as a museum at the site of collective trauma, such as a natural disaster, terrorist attack, the death of a public figure, or instances of systemic oppression or violence. Ultimately, this study is interested in compiling museum professionals' experiences involving particular emotions in the workplace, and how those emotional experiences connect to the museum they work in and the positions they hold.

The research questions that will guide this study are:
1. In what ways does working at a trauma site museum affect the emotional wellbeing of museum professionals?
2. What about their job specifically do visitor-facing employees attribute to their emotional wellbeing?

WHY:
This original research study into the emotional wellbeing of museum professionals employed in visitor-facing capacities at trauma site museums is made richer through participation from museum professionals like you. The end goals of this research study are to contribute the daily, lived experiences of museum professionals employed at trauma site museums to the field.

Please contact me or my thesis chair if you have any questions. Thank you for your consideration!

Appendix B: Interview Guide

PART I – Interview (Individual)

I'd like to start off this interview by asking you about how you see your role at your museum.

1. What is your current job title? What are your job duties?

2. How would you characterize your relationship with trauma as an employee of a trauma site museum? How, if at all, does the visitor-facing nature of your job impact your relationship with trauma in the workplace?

For this portion of the interview, I am going to ask you to take me to different parts of the museum (or indicate them on a map) where you remember feeling a particular emotion. Then, I'll ask a few questions about your experience of that emotion.

3. Think back and describe a time that you felt positive at work.
    - Where were you in the museum?
    - What was happening around you? Was there anyone with you or near you?
    - What contributed to your feeling this way?

4. Think back and describe a time that you felt anxious at work.

5. Think back and describe a time that you felt contented at work.

6. Think back and describe a time that you felt angry at work.

7. Think back and describe a time that you felt sad at work.

8. Think back and describe a time that you felt joyful at work.

9. Think back and describe a time that you felt empowered at work.

Thank you for doing that exercise with me. I appreciate your responses. I have just two more questions for you before we wrap up this interview.

10. What was it like for you to participate in this exercise?

11. Is there anything else you would like to share with me?

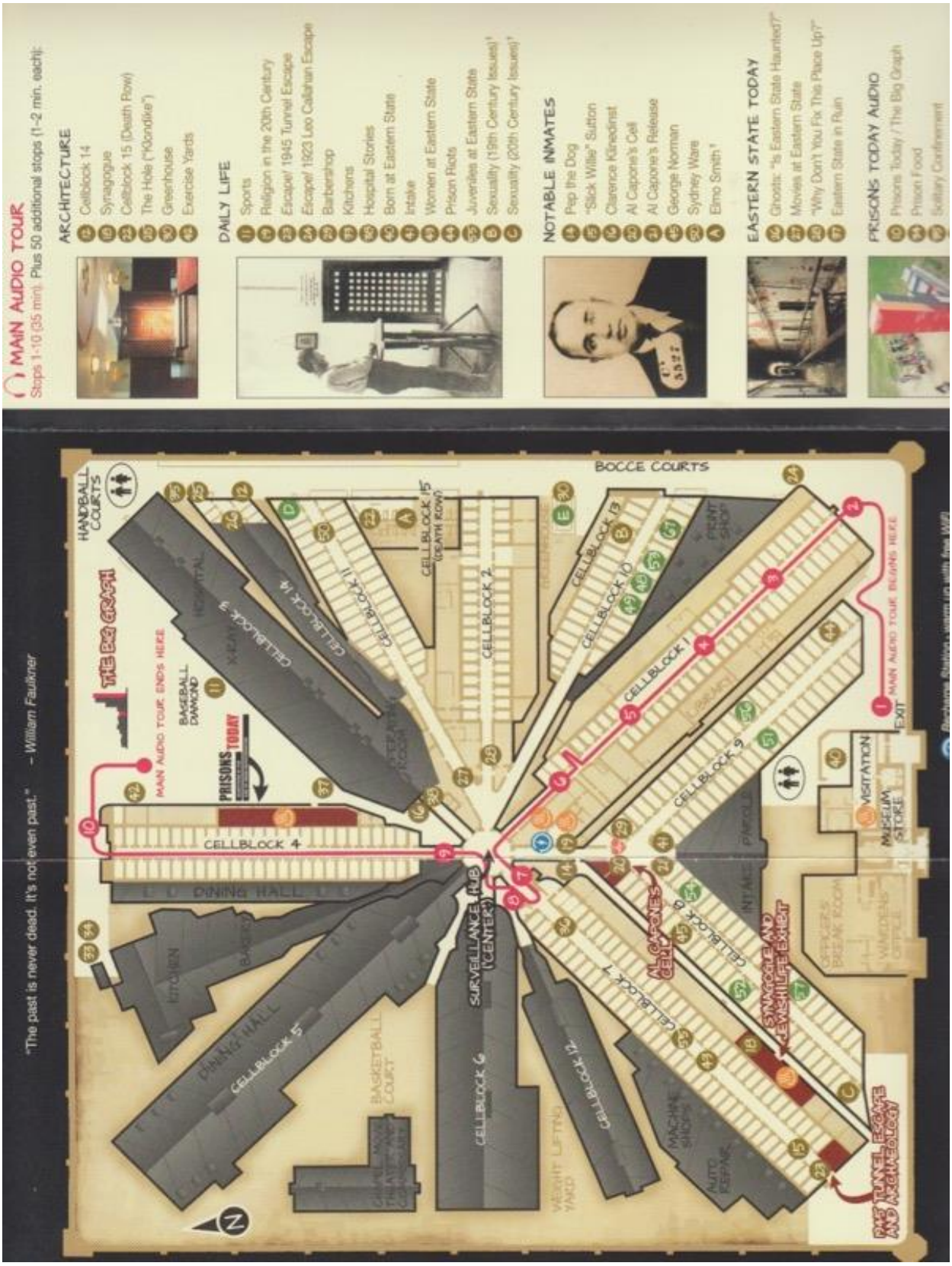
PART II – Post-Interview Questionnaire (Self-Administered)

1. What is your gender identity? _____
2. What is your age? _____
3. How many years have you been working total? _____
4. How many years have you been working in a museum? _____
5. How many years have you been working at your current museum? _____
6. Now, I am going to ask you about the frequency with which you have felt certain emotions while at work. Please indicate to what extent you have felt the following way during the *past few weeks* while at work.

1	2	3	4	5
Very slightly or not at all	A little	Moderately	Quite a bit	Extremely

1. _____ positive
2. _____ anxious
3. _____ contented
4. _____ sad
5. _____ angry
6. _____ joyful
7. _____ empowered

Appendix C: Map of Eastern State Penitentiary Historic Site



Appendix D: Map of Oklahoma City National Memorial and Museum

Appendix E: Map of the Sixth Floor Museum at Dealey Plaza