Trying to Engender A Culture of Support:

Coping Mechanisms for Empathy Burnout for Museum Interpreters

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A thesis

Submitted in partial fulfillment

Of the requirements for the degree of

Master of Arts

University of Washington

2020

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Program Authorized to Offer Degree:

Museology

University of Washington

Abstract

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Every year, millions of people in the country visit trauma site museums and memorials, hoping to engage with and learn about difficult histories. The front-facing staff of these museums, like interpreters, engage with significant number of these visitors, putting these staff members at risk of experiencing emotional burnout and strain due to both visitor interactions and traumatic material. How do staff members remain in their positions even as they combat burnout from constant exposure to difficult stories, extreme emotions, and more? The purpose of the phenomenological study was to examine the nature of empathy burnout and potential coping mechanisms for interpretive staff who work with traumatic material at historical and memorial museums. Qualitative data was collected through semi-structured interviews with 5 participants who work at 4 different traumatic history and memorial sites. The initial results indicate that these front-facing museum professionals noticed the impacts of empathy burnout on their work and engaged with coping mechanisms either personally or in their work environment. The participants also offered suggestions as to what museological institutions can do to better support their employees' mental health and wellbeing. These preliminary findings have implications for museum practice concerning what they can do as employers to continue to help their employees' mental health.

Acknowledgements

I want to thank everyone who helped me accomplish this thesis. Thank you to Dr. Meena Selvakumar for your guidance, your endless support, and for the snacks. You helped me shape this work into something I could be proud of. Thank you to my other committee members, Regan Pro and Dr. Kira Schabram, for your support and commitment. A big thanks to the other faculty and staff in the University of Washington Museology department for your help, wisdom, and support these last two years.

Thank you to my Museology cohort. You are all amazing and brilliant individuals and this process wouldn't have been the same without you. Thank you to my thesis group for the collective weekly support, stories, baked goods, and all-around fun times. All of us working together made writing this a lot easier.

A huge thank you to my research sites and to my participants for your time and honesty, especially in these difficult times. This paper literally would not exist without you and I am in your debt. I thoroughly enjoyed getting to know and speak with each one of you and I am thankful for the time we spent together.

Thanks to my amazing partner, who sat with me and brought me tea and endless encouragement these last months. Thank you to Artemis the cat for keeping me company as I spent hours writing and editing. Finally, thank you to my family for their bountiful support through these last two years. Having you all cheer me on several hundred miles away helped more than you know. Mom, thank you for taking me to every museum you could as I grew up; it obviously had a lasting effect and I wouldn't be the same without you.

"Further up and further in!"

- C.S. Lewis

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Chapter 1: Introduction

Several years ago, in the visitor center at a national memorial site of a Japanese American WWII internment camp, the staff were examining the visitor comment book as they did every few weeks. There were the usual notes and thank you's, but a more recent entry caught their eyes. A lone visitor had written, "All my life I have been prejudiced against the Japanese. As of today, that is all gone. I'm so sorry. I cry as I write this." Whatever this person's initial reasons for coming to the site, they had experienced a tangible and emotional change of heart and mind simply by engaging with the stories contained at the memorial site, which speaks to the great power a place or a history can have on someone's emotions and mindsets.

To museum lovers and history buffs, families, victims, and the simply curious, history and trauma site museums and memorials alike offer both healing and knowledge. For example, since 2000, the National World War II Museum in New Orleans has served over 2 million visitors (National WW2 Museum, 2018). Similarly, a staggering amount of over 45 million people have visited the United States Holocaust Memorial Museum since its opening in 1993 (USHMM, 2019). Consider how these millions of people have engaged with these exhibits, this knowledge, this trauma. If you have ever visited a trauma site, a historical museum, or a memorial, even if only once, the memory of the pain that resides in these stories may still reside within you. What about the people who, day after day, serve as witness to these stories, bringing them closer to thousands if not millions of people, and choosing to experience these traumas?

Interpreters and other such front-facing staff are one of the key points of contact between visitors and the institution's material. Particularly over the last few decades, museums have realized the importance of interpretation and the impact it can have on a visitor's experience, meaning that an increasing number of institutions are creating more engaging and intensive ways

for interpreters to connect with the public (Soren, 2009; Munro, 2014). However, researchers have discovered that, as trauma site museums and memorial sites continue to emerge and grow, more employees and volunteers who may or may not have personal connections to the history must grapple with the trauma themselves in addition to also doing their duties and engaging the visitors (Zalut, 2018).

In fields such as medical, social, psychological and others that engage frequently with traumatic materials, professionals have been found to be susceptible to severe emotional trauma, sometimes termed empathy burnout (Figley, 1995; Ledoux, 2015; Jenkins & Baird, 2002). Empathy burnout, which is also called compassion fatigue, is defined as "indirect trauma" or "emotional duress" experienced by workers constantly in contact with people suffering from or connected to trauma (Finley & Sheppard, 2017; Bemker, 2016; Jenkins & Baird, 2002). Demands on empathetic ability and interpersonal relations, including work with hurt or dying patients or stories of loss and trauma, create an easy environment for empathy burnout to develop in individuals (Ledoux, 2015; Jenkins & Baird, 2002). When developed, empathy burnout has many negative mental health effects such as depression, apathy, or anger, and in extreme cases can lead to loss of ability or desire to continue work (Stamm, 2010; Jenkins & Baird, 2002; Ledoux, 2015; Figley, 1995). Researchers have noted that some professionals in the zone of "special vulnerability" have gone so far as to quit their line of work altogether, causing the loss of trained experts in their respective fields (Figley, 1995; Bemker, 2016).

Sources of such emotional distress lie within many museological institutions in the country, whether this be the content of the museum or the interaction with visitors. While museum patrons choose to engage with sites for any number of reasons, whether for learning, for emotional engagement, or other reasons, these visitors more frequently seek the emotional

responses that historical and memorial sites can induce in them (Bedigan, 2016; Munro, 2014; Violi, 2012; Soren, 2009). This in turn leads to and highlights the growing expectations of community engagement and interpretation staff to be able to provide these emotionally healing or challenging experiences (Bedigan, 2016; Munro, 2014; Violi, 2012; Soren, 2009). In response to these expectations, more museums have worked to change their interpretation, engagement and programming to adequately meet the needs of their visitors, which puts the pressure of facilitating meaningful interactions for patrons on museum staff, a pressure that can be further heightened by the emotionally charged materials these sites so often contain (Bedigan, 2016; Lackoi, K., Patsou, M., and Chatterjee, H.J. et al., 2016; Ioannides, 2017).

Studies have already demonstrated the presence of emotional distress in museum staff at many institutions, most of which house emotionally charged content. Researchers at sites such as the 9/11 Memorial Museum and the United States National Holocaust Memorial Museum identified strains on emotional and mental health of museum staff in many different departments due specifically to the difficult content with which they worked (McCarroll et al., 1995; Rauch, 2018; Svgdik, 2019). Interpreters and educators especially are required to grapple with traumatic material that they may have personal connections to or have strong opinions about but are expected to set their personal difficulties aside to provide the best experiences and open spaces for visitors (McCarroll et al., 1995; Rauch, 2018; Zalut, 2018). These staff members have frequently expressed that they struggled daily with their work and showed signs of emotional distress, which demonstrates a need for attention to burnout and distress in museological institution staff of all kinds (Rauch, 2018; Zalut, 2018; Svgdik, 2019).

Museum professionals in interpretation are required to engage with museum material as well as the visitors. However, while beginning to acknowledge the presence of this phenomenon,

the field has yet to truly address how to alleviate this fatigue (McCarroll et al., 1995; Svgdik, 2019; Zalut, 2018; Katrikh, 2018). Research demonstrates the presence of empathy burnout in many fields, including the museology field, which impacts workers' mental health as well as their interpersonal relationships and productivity. While the causes and effects are known, there is a need for an understanding of how to combat these effects. As Lauren Zalut says, "asking questions and spending time reflecting" are "critical parts" of this kind of work (Zalut, 2018). This study seeks the perspectives of those people in the field potentially experiencing these effects in order to understand and document any tools they use so as to help others who are in similar situations and potentially prevent empathy burnout in others.

Purpose and Research Questions:

The purpose of this research study is to examine the nature of empathy burnout and potential coping mechanisms for interpretive staff who work with traumatic material at historical and memorial museums. Traumatic material, also known as emotionally charged content, is here defined as any topic, period, or artifact that has the potential to cause emotional distress in someone who engages with it. The three research questions that directed this study are:

I. In what ways does empathy burnout manifest in interpretation staff's work, e.g. motivation and productivity, visitor interaction, personal perceived ability to successfully complete their job?

II. What actions, if any, do these staff implement to fight empathy burnout?

III. Do they perceive them as functional enough to remedy these effects?

Significance:

Museum administration as employers would benefit greatly from this study to help better understand and continue the dialogue of how to improve institutional support of staff's mental health. If constant emotional labor and a need for institutional assistance are evident in employees, museums dealing with emotionally taxing topics can begin to take steps to alleviate or prevent such strain on their employees and thus create both a better work environment. Consequently, this study would also benefit museum workers at risk of burnout from their work and subsequently of either quitting the job or losing their passion and ability in their profession. Collecting information on the emotional and mental effects empathy burnout can have on museum professionals as well as collecting individuals' coping mechanisms and techniques could have beneficial outcomes for future professionals and thus for museums.

Chapter 2: Review of Literature

The purpose of this research study is to examine the nature of empathy burnout and potential coping mechanisms for interpretive staff who work with traumatic material at historical and memorial museums. This chapter reviews literature from three relevant key areas: a) effects of empathy burnout on professionals outside museums, b) museum visitors' expectations of their experiences, and c) effects of emotionally taxing topics on museum professionals.

Causes and Effects of Empathy Burnout

It is important to begin this review with a definition of empathy burnout so as to further understand its implications and effects in professional fields. Empathy burnout, often deemed in the literature as similar to or equated with secondary trauma stress (STS) or compassion fatigue, is defined as "indirect trauma" or "emotional duress" experienced by workers constantly in contact with people suffering from or connected to trauma (Finley & Sheppard, 2017; Bemker, 2016; Jenkins & Baird, 2002). In studying empathy burnout, researchers such as Stamm, Jenkins and Baird, and Ledoux all characterize burnout as an important aspect of indirect trauma or compassion fatigue, which brings emotional exhaustion, apathy, anger, and depersonalization of work (Stamm, 2010; Jenkins & Baird, 2002; Ledoux, 2015).

Jenkins and Baird sum it up concisely by saying, "STS [compassion fatigue] …and burnout are similar in resulting from exposure to…interpersonally demanding jobs, and represent debilitation that can obstruct providers' services" (Jenkins & Baird, 2002). Demands on empathetic ability and interpersonal relations lead to burnout, which in turn creates an easy environment for empathy burnout to develop in individuals (Ledoux, 2015; Jenkins & Baird, 2002). This fatigue also cannot be developed unless the individual has direct contact with traumatic materials and/or traumatized persons, while at the same time, compassion is a necessary tool for engaging with traumatic material (Figley, 1995). Figley classifies

professionals who are subject to this dichotomy of "empathy and exposure" as susceptible to "special vulnerability," a unique framework specific to these professionals that is the birthing ground for empathy burnout (Figley, 1995). It should be noted that most studies identifying and analyzing empathy burnout and its effects are focused on those in professions outside museological institutions, such as nursing, social work, medical fields, emergency services, and more. However, engaging with victims of trauma or those connected to it are the uniting factor in the generation of empathy burnout in all these workers.

Empathy burnout, when present, affects not only someone's personal life and health, but their work life and interpersonal relationships as well. When burnout begins to develop, so do many negative emotions like anger, anxiety, avoidance of work, and dread (Finley & Sheppard, 2017; Jenkins & Baird, 2002). This can also lead to feelings of inefficacy at one's job and thus dissatisfaction with a chosen position or profession (Bemker, 2016; Finley & Sheppard, 2017; Jenkins & Baird, 2002). Stamm discusses the development of burnout and secondary traumatic stress as an effect of overuse of compassion, which in turn leads to not only negative feelings but also "difficulties in dealing with work or in doing [their] job effectively" (Stamm, 2010).

Other studies also showed that, when a person's work was affected, feelings of guilt and resentment at not being able to complete their jobs properly built up to the point of extreme frustration (Finley & Sheppard, 2017; Figley, 1995). All studies on the presence of empathy burnout in professionals over many disciplines all show that this continual burnout and these strong feelings of frustration, anxiety and dread lead not only to physical manifestations such as bodily exhaustion, but also behavioral and interpersonal results such as pessimism, aggression, self-isolation, and withdrawal from or inability to engage with coworkers or clients (Figley, 1995; Bemker, 2016; Jenkins & Baird, 2002; Ledoux, 2015). Researchers have also found that

in some cases, these feelings and behaviors culminate in not only disregard of work duties, but also in quitting the job altogether (Figley, 1995; Bemker, 2016). These extreme cases display the intense and drastic effects that empathy burnout can have upon its victims, harming not only their minds and emotions but their professions as well, to the point of leaving their chosen careers (Figley, 1995; Bemker, 2016; Finley & Sheppard, 2017). While many of these studies are conducted with therapists, first responders, and nurses, the perceived truth is that empathy burnout has the potential to affect anyone engaging with traumatic material (Stamm, 2010; Jenkins & Baird, 2002). Yet what is missing from this research is how those who encounter empathy burnout in their jobs cope with the distress such that they continue their jobs in ways they perceive effective.

Expectations of the Emotional Experience

The reality of any museum's existence is that visitors all come in with an expectation. Whether this is an expectance of learning, of healing, of an experience, or something else, each visitor comes in with a personal motive and an idea of what the museum can give to them during their time there (Gadsby 2011). Not only do the visits need to be satisfactory, but they must have value that the visitor can draw upon to justify the time spent, so they will purposefully seek out experiences they deem to be meaningful to themselves in one way or another (Gadsby, 2011; Bedigan, 2016). Visitors more frequently seek the emotional responses that historical and memorial sites can induce in them, which in turn leads to and greater highlights the growing expectations of community engagement and interpretation staff to be able to provide these emotionally healing or challenging experiences (Bedigan, 2016; Munro, 2014; Violi, 2012; Soren, 2009). Researchers have even identified the rise of thanotourism, or dark tourism, which is visitor groups that choose to visit emotionally charged sites and museums not only for

knowledge but also for the thrill of being in a historically significant location or learning about darker moments of history (Light, 2017). While thanotourism is typically more focused on tourists looking for an engaging experience instead of knowledge, the places that attract dark tourism usually hold some kind of traumatic history (Light, 2017).

In response to the general public concepts of museums as places of healing, learning, and emotionally valuable experiences, these museological institutions are more frequently stepping into active roles as healers and facilitators of these experiences, partially due to a desire to cater more holistically to a wider audience and partially through a sense of social responsibility to the communities they serve (Gadsby, 2011; Bedigan, 2016; Lackoi, K., Patsou, M., and Chatterjee, H.J. et al., 2016; Ioannides, 2017). This can take the form of greater community outreach, integrated programs within the institution itself, or more frequently updating the texts and interpretation surrounding their materials to provide more accurate or correct information and representation of content (Bedigan, 2016; Lackoi, K., Patsou, M., and Chatterjee, H.J. et al., 2016; Ioannides, 2017). Institutions with emotionally charged content within the last few decades directed new programming and interpretation to be more transformative and emotionally engaging for visitors, trying to create space for each person to have an organic, non-scripted experience that can challenge or engage them in the way they expect (Soren, 2009; Munro, 2014).

However, as Lauren Zalut says, the interpretation and education surrounding difficult or emotionally charged content is “work not to be taken lightly” (Zalut, 2018). Being able to accurately, genuinely, and carefully interpret difficult content requires institutional and personal reflection and work and does not always come easily (Zalut, 2018). This process can be a challenging journey whether or not an interpreter or educator is directly connected to the content

with which they are working. For example, interpretive docents at the 9/11 Memorial Museum found themselves having to reconcile their own personal opinions and connections with the 9/11 tragedies and what the museum required of them as members of staff and volunteers (Rauch, 2018). For many people working with emotionally charged content, the process of the job itself requires deep personal introspection and a coming to terms with the depth and severity of whatever subject matter they are grappling with on a day to day basis (Rauch, 2018; Katrikh, 2018).

The struggle with traumatic material also has the potential to be more widespread as historical and memorial sites continue to appear and grow. In 2014, an Institute for Museum and Library Services survey found 48% of museums are historical sites, homes, or preservation sites, and another 7.5% are history museums (IMLS, 2014). Another 33.1% are unclassified or general museums, meaning museums or memorial sites that deal with difficult historical topics are more common than any other discipline of museum (IMLS, 2014).

On top of their abundance of locations, historical and memorial sites and museums attract a massive number of visitors. Pearl Harbor and the USS Arizona Memorial get approximately 1.5 to 2 million visitors annually (NPS, 2019). Additionally, as mentioned before, over 45 million people have visited the United States Holocaust Memorial Museum since its opening in 1993 (USHMM, 2019). Millions of people every year cumulatively visit museums and sites with emotionally charged content specifically seeking these experiences and this knowledge, and thus putting the pressure on the museums and their staff to provide meaningful emotional experiences. This in turn requires any interpretive staff to have the knowledge and emotional stamina to interact and deal with this occasionally shocking number of visitors. Therefore, there is great potential for a significant portion of the museum workforce to utilize a greater amount of

emotional stamina in order to complete their work, thus making them more susceptible to empathy burnout.

Empathy Burnout and Emotional Strain in Museum Staff

Within the last few decades, a growing section of museological research has brought to light the struggles of museum staff at trauma sites and other museums with difficult content. Researchers have conversed with staff from multiple sites and identified emotional distress and empathy burnout in staff from many sectors within different sites due specifically to the content they worked with daily. Whether this was the material itself or the interpretive side of working with visitors, more researchers and museums are coming to terms with the presence of emotional distress and burnout in their staff.

Concerning museum content, many staff members have indicated that interpreting or even just engaging with traumatic content regularly has taken a toll on their mental and emotional health. Many museum staff, but interpreters and docents especially, are required to grapple with emotionally charged content and quite often find themselves suffering from emotional trauma or empathy burnout (Svgdik, 2019; Rauch, 2018; Zalut, 2018). Staff at the United States Holocaust Memorial Museum were monitored through an administrative program after the institution opened, and revealed that engaging with the traumatic Holocaust material contained in the museum led to sleep disturbance, anger, desensitization, and more, all of which are symptoms of empathy burnout (McCarroll et. al, 1995). The Holocaust Memorial Museum is also far from the only traumatic museum or site in the United States, and other research has demonstrated that consistently engaging with difficult material leads to symptoms of empathy burnout and distress (Svgdik, 2019; Zalut, 2018).

For other staff members and interpreters, bridging the gap between the visitor and the museum content proves difficult at times, as well as repetitively traumatic. For example, docents from the 9/11 Memorial Museum realized going into the program that they were required as part of their jobs to set aside any personal and occasionally direct connections they had to the tragedy in order to fairly and accurately perform their docent duties (Rauch, 2018). Museum staff at other locations expressed their concern for their own emotional health as daily they dove into not just the traumatic content but the difficult interactions of people seeking healing and knowledge at their institutions, consistently having to process not just traumatic history through museological content but through lived experiences and interpersonal interactions as well (Svgdik, 2019).

As the research surrounding emotional distress of all kinds in museological institutions grows, more focus has been drawn to the position the institution itself has in the health of its employees as well as staff's need for safe spaces to heal and process the materials with which they work. Katrikh acknowledges that museum staff in charge of visitor interaction with high-emotion material need to be aware of the potential emotional damage, suggesting practiced self-reflection and open communication between staff (Katrikh, 2018). Interpreters and docents at the 9/11 Memorial Museum became highly aware through the opening of their institution that discussion between docents and all throughout the staff were required to find "the balance between their personal experience and the historical narrative elucidated within the museum" (Rauch, 2018). However, all considered, while museums have begun to acknowledge the position they hold in facilitating their staff's mental health and grappling with the material, there is still much work to be done to maintain and support the continued mental health of all staff around the nation.

Current practices for self-care and in organizational support range from books to integrating mental health awareness into training. Apart from regular self-care practices such as meditation, exercise, food, and other such actions that anyone can use, there are some writings designed specifically for museum staff. Seema Rao published her book *Objective Lessons: Self Care for Museum Professionals*, which acts as both a workbook or journal with prompts about many aspects of life and one's job, as well as a repository for suggestions on improving or maintaining mental health (Rao, 2017).

While this is an independently published book meant to be picked up and used by individuals if they so wish, some museums institute practices intended to help mitigate mental and emotional strain, particularly related to traumatic material. For example, the United States Holocaust Memorial Museum extensively trains their volunteers and employees to be able to engage with emotionally charged content in the museum and with visitors who may also be experiencing extreme emotion as a reaction to the material (Lieberthal, 2018). Not only that, but the institution also offers such things as counseling services through an outside provider, making such benefits more readily accessible to all their employees (Lieberthal, 2018). This institution, along with others such as the Tenement Museum in New York City, focus on not only making certain outside help available but also fostering a communicative and open work environment internally so that employees can feel safe discussing issues such as mental health (Lieberthal, 2018). However, this is not a universal practice, whether through lack of funding, time, or institutional willingness to actively work on internal community building and is part of the room for growth in the future of museological institutions.

Another important aspect of this topic is those workers who, despite those who witness or personally experience emotional trauma, choose to remain in their positions and institutions for

varying reasons. A recent survey of 1067 people who were either museum professionals of all positions and lengths of tenure (71%) or had left the museum field (29%) revealed that of those who still remained in the field, the number one reason they stayed was because of the work (Erdman et al., 2017). Both those still in and currently out of the field said that their top reasons for initially entering the field were due to a love of the field and of their institution's specific subject matter, so it's "no surprise" as the authors say that the work is what motivates people to stay in the field (Erdman et al., 2017). The reasons for leaving the field on the other hand were split between insufficient pay and various reasons such as inequity among coworkers, a bad work/life split, and feeling ineffective serving their community, amongst others (Erdman et al., 2017). However, the data made apparent the importance of an individual's personal connection and passion for their work in the museum field.

The concept of passion for ones' work has been explored in several fields, museums and otherwise. A case study conducted of 15 science museum educators explored the reasons these people entered the field as well as what they felt brought meaning into their work (Bailey, 2006). Many of the participants in this study mentioned that they chose this field in order to "make a difference," seeking out a career that served a "higher purpose," in this case, informal education and community contribution (Bailey, 2006). This reflects the aforementioned much larger survey's results concerning museum professionals' attitudes towards the field when entering.

Outside the museum field researchers have examined passion related to personal callings, such as Schabram and Maitlis who investigated the concept of callings of animal shelter workers, who like museum professionals entered their field with the desire to "make a difference" (Schabram & Maitlis, 2017). By looking deeper into the three different "calling paths" that identify shelter workers' paths through entering their field, journeying through and in some cases

eventually leaving, the researchers saw that those who linked their identities strongly to their calling were very likely to leave as they got burnt out on the more difficult challenges of shelter work (Schabram & Maitlis, 2017). Even those who sought out careers in animal shelters because they had skills necessary to contribute to the field also often left due to burnout, though their burnout was more related to conflicts within the workplace and with what subjects wished to contribute (Schabram & Maitlis, 2017).

The third career path they describe is that of the practice-oriented individual, one who may enter the field with less of an emotional attachment and more of a drive to do work, who then forms an attachment but through their skills manages to stay in the work and continue to improve it and prepare the field for the next generation (Schabram & Maitlis, 2017). While not museum work, shelter work is similar to trauma site interpreters in that they must deal with potentially difficult subjects like loss and death on a daily basis and while they may enter with a passion for what they do, this strong emotional connection may cause burnout. What researchers have discovered about burnout in other professions is still applicable to those in the museum field, as some aspects of working with trauma can be universal.

Conclusion

In summary, empathy burnout develops in professional situations where workers encounter traumatic or emotionally charged content on a regular basis with no way to process their emotions. Empathy burnout also has the potential to cause significant emotional and mental health damage, not to mention affect both someone's personal and professional life. Museum staff are not only in the correct emotionally straining environment for the development of empathy burnout due to engagement with traumatic content and with visitors, but also have shown signs of emotional distress in several locations for a multitude of reasons. In a field

where people frequently enter with a passion for the subject and seeking to serve a "higher purpose," protecting this passion and supporting these workers is becoming increasingly important.

The next step is to further understand the perspectives of those who have chosen up to this point to remain in such positions and determine if they have developed any processes that can be extended to the wider museological population to aid others with their own emotional distresses. Interpretation is the link between collection and visitor, and those who compose this link as well as any others that engage with the same material deserve the same healing and processing time as the visitors they serve. This study aims to discover potential healing and coping tools already utilized or conceptualized and suggested by museum staff which can then hopefully be disseminated in the future to others to prevent empathy burnout and keep museological staff happy and healthy in their chosen lines of work.

Chapter 3: Methods

The purpose of this research study is to examine the nature of empathy burnout and potential coping mechanisms for interpretive staff who work with traumatic material at historical and memorial museums. Three research questions directed this study:

I. In what ways does empathy burnout manifest in interpretation staff's work, e.g. motivation and productivity, visitor interaction, personal perceived ability to successfully complete their job?

II. What actions, if any, do these staff implement to fight empathy burnout?

III. Do they perceive them as functional enough to remedy these effects?

Design:

This research study is designed as phenomenology, which the Stanford Encyclopedia of Philosophy defines as "the study of structures of consciousness as experienced from the first-person point of view" ("Phenomenology", 2013). Clark Moustaka's qualitative framework in his book "Phenomenological Research Methods" provides the base structure for this analysis. Moustaka's analytical framework moves from epochal step to phenomenological reduction to imaginative variation to synthesis of meanings and essences (Moustaka, 2010). Through this framework, this study seeks to examine individual experiences to find patterns that can be applied to larger issues within museological institutions. Qualitative data was collected from semi-structured interviews with museum professionals who work at museums that house difficult or traumatic material. This chapter describes the sampling, data collection and analysis procedures of the study.

Research Sites:

Participants were recruited from one of four different sites: Oregon Jewish Museum and Center for Holocaust Research in Portland, Oregon; Manzanar National Historic Site in Independence, California; Heart Mountain Interpretive Center in Powell, Wyoming; and Minidoka National Historic Site in Jerome, Idaho. The researcher reached out to the staff at each of these sites via email and requested interviews with interpretive staff or staff members who had engaged in interpretation within their careers. Those individuals who responded then agreed to be interviewed and set up a date and time with the researcher.

The Oregon Jewish Museum and Center for Holocaust Research is a mid-sized organization located in Portland that is dedicated to education and research as not just the only Jewish museum in Oregon but also the home of the former Oregon Holocaust Research Center. Founded in 1989 by the local Jewish community, the museum serves as an education and research resource about Jewish history and the Holocaust for teachers and students as well as the general public.

Manzanar National Historic Site and Minidoka National Historic Site are both former locations for internment camps that were formed during World War II to wrongfully house Japanese Americans. Manzanar, located in California, was officially designated a National Historic Site in 1992 and has seen over 1.5 million visitors since 2000. Minidoka, located in southern Idaho, was formerly designated national monument in 2001 but in 2008 was changed to a national historic site. The site is currently undergoing a large facilities and visitor center upgrade as well as further preservation of the original and reconstructed buildings at the site. Both locations are dedicated to preserving the historical artifacts and buildings left at the sites

while educating the public into the future about the approximately 120,000 Japanese American victims of internment in the 1940s (NPS, 2020).

Heart Mountain Interpretive Center is located at another former Japanese American internment camp founded during World War II. Opened in 2011 by the Heart Mountain Wyoming Foundation, the Interpretive Center is dedicated to telling the stories of the Japanese Americans incarcerated there as well as across the United States while also preserving the structures and historical remains of the site. This location has also been a designated National Landmark Site since 2007 (NPS 2020).

Sample and Sampling:

The intended sample size of this study was initially meant to be 20-25, but due to the effects COVID-19 quarantine on the museum community, recruitment of participants was diminished due to layoff, lack of time, or timing. Recruitment was begun in late February and early March by sending a recruitment email (see Appendix A) to both individuals and departments in 20 sites across the country. Additionally, several participants who received the email forwarded it to colleagues at other institutions. However, very few people responded, as during this time period COVID-19 was beginning to spread and cause shutdowns all over the country. Even with follow-up emails and further inquiries, I was unable to make contact with most institutions, and multiple participants who initially responded to the email stopped communications after a period. Therefore, due to the limited number of participants, all analysis and results in this study should be considered preliminary.

Overall, five staff members over four institutions participated in this study. These staff members were all full-time front-facing staff at their locations, interacting with the public as part of their regular duties. The participants engaged in a semi-structured interview prior to which

they were informed of their rights as research participants and gave verbal consent to be interviewed as well as recorded only for transcription purposes. Within the interviews and prior emails, the participants self-identified their age, gender, and work history with a few exceptions, which helps to describe the sample for this study.

Below is a table detailing each participant by age, length in the museum field, and time at their institution:

	A1	B1	C1	D1	D2
Age Range of Participant	25-35	40+	25-35	40+	25-35
Years in Museum Field	< 2	19	13	31	18
Years in Institution	< 2	4	3	18	18

Data Collection:

Data was collected through semi-structured individual interviews conducted remotely by the researcher. The interviews ranged in length from 35 to 65 minutes and were audio recorded with permission from the participants for later transcription purposes. The questions (see Appendix B) were intended to explore the concept of empathy burnout in museum professionals who have worked in interpretation in museological institutions that house difficult or traumatic material and to identify any coping mechanisms that these professionals personally utilize or perceive to be useful.

Data Analysis:

This study obtained both qualitative and quantitative data through open- and close-ended questions in the interview. The interviews were audio-recorded, and these recordings were transcribed and analyzed. In order to maintain the anonymity and confidentiality of the

participants, only the primary researcher had access to the recordings and transcriptions. The primary researcher also performed all coding and analysis. In order to answer the research questions, the researcher identified themes through emergent coding within participants' responses to the interview questions. This means that the researcher framed the interviews to answer the three primary research questions of the study and once the interviews were conducted, the researcher examined the participants' responses and looked for emerging patterns and codes within these responses. The resulting codes for each research question are examined in the following chapter.

Chapter 4: Results and Analysis

This phenomenological study examines empathy burnout and the lived experiences of museum employees who work with difficult or traumatic material as well their own self-described coping mechanisms. It builds on the work of previous studies which examined the impact of working in trauma sites on museum professionals (Svgdik, 2019.) The three questions situated at the core of this exploration were:

I. In what ways does empathy burnout manifest in interpretation staff's work, e.g. motivation and productivity, visitor interaction, personal perceived ability to successfully complete their job?

II. What actions, if any, do these staff implement to fight empathy burnout?

III. Do they perceive them as functional enough to remedy these effects?

The sample size for this research was designed to be large, in the range of 20-25 interviews, as suggested by Creswell (1998). However, the COVID-19 quarantine resulted in catastrophic impacts for the museum community, limiting the number of individuals the researcher was able to contact either due to layoff, lack of time, or timing. As a result of the limited sample size, the analysis and results must be considered as preliminary in nature.

Participants' quotes and examples allow the reader to hear from them in their own words and see a variety of perspectives.

1. In what ways does empathy burnout manifest in interpretation staff's work, e.g. motivation and productivity, visitor interaction, personal perceived ability to successfully complete their job?

After participants expressed feeling emotional strain due to their work, they were then asked if they felt that this strain affected their work and in what ways, as well as what parts of

their jobs they felt most contributed to this. While one participant did mention the emotional strain having a negative effect on their work, others responded that their work affected their emotional well-being outside of work or that the strain adversely had a positive effect on them to encourage them to continue in their work.

A. What Aspects of Work Brings Emotional Strain

In discussing the aspects of burnout and how it manifested, participants gave examples of various scenarios in their work that they noticed more frequently caused burnout. Several participants mentioned the strain of engaging with trauma victims and their families or even visitors with no connections but who had extreme emotional reactions to the material:

> (B1) There are people that the museum very deeply affects in a positive way, you know, and they're very, you know, tearful as they get through it and very emotional at the end of it and a lot of times they require a little bit of attention too because they want someone to sit down and talk with about how this has struck them.

Another person spoke of an experience they had with a trauma victim:

> (C1) This gentleman, he just kind of, he was older, he just kind of sat down and was crying and I was like, you know, 'What's going on, can I help you,' because…at the time I was completely unprepared. I was just asked to do a tour, so I was doing a tour and was like 20-something…And he's like, yeah, 'My friend died here,' and I was like, oh crap. You know, so I'm like, trying to figure out, like, okay, how do I respond to this… I wasn't even prepared to really handle that, you know, first of all, being so young, but then also it's like it makes this super real, this place really messed people up… years later, this guy comes back to this site for the first time after so many years and he's literally having a breakdown…

Most participants also had stories of specific kinds of negative interactions they had with other visitors that they also attributed to causing burnout:

> (A1) It's the days that I leave the most jittered, and the most like "oh my god like I just need a drink…" are the days that I'm confronted by [visitors] that are white nationalists. And it's only happened a couple of times, like two or three times, but I still have to stand up there and be like, how do I not isolate you even more…so those are the days that I leave most like 'what the hell just happened.'

> (C1) It's really hard when you get people who are combative, you know, who don't understand the history or don't want to learn about it and I always question like, why do you even come, like and I tried to have the silver lining of looking at it like, at least they came, but it's super emotionally exhausting and they're harassing my staff…I get harassed a lot, it's a lot of, you know, microaggressions and some macroaggressions, or - I shouldn't say macro, just aggression - in general like people are just being jerks like, I got called a [slur] by a kid…but I'm in uniform so I just try to talk about it, like 'Yeah we don't use those words' you know, and he didn't agree with me.

> (B1) I think that we really challenge ourselves to try and dialogue a lot of times, even when we get pushed back and you know, I don't mean to make it sound like it's a regular thing. I think our audience self-selects and they're usually pretty sympathetic to, to what we're saying. But every now and then you get the one in there that really pushes you…we want to try and you know, sort of start to change that belief, if at all possible and so we really try and force ourselves to dialogue…it can be draining especially when you're asked to sort of, you know, put on your poker face and hear some awful things and try and respond to them with reasonable things.

B. Motivation and Productivity at Work

When asked about any effects on their work, one participant expressed the negative effects on their productivity and motivation at select times when utilizing empathy:

> (B1) I'd say on the other side of it is, you know, there are people that the museum very deeply affects in a positive way, you know, and they're very, you know, tearful as they get through it and very emotional…And I will say 90% of the time it's fully rewarding and inspires you and fills you up to go and work the next day and then now there's 10% of the time where, you know, it just, it just blows me out for the rest of the day, you know, it's, it's been too much right, it can feel like the stakes are high.

The same participant also mentioned the strain and burnout that happens when "you put such a big chore on yourself as, you know, just one person out in the world to be like, 'Okay, I'm gonna go out there and reshape some beliefs today.'"

C. Emotional Strain Outside of Work or In Reflection

Three of the participants discussed how while burnout or strain did not negatively affect their work, it had a negative impact on their emotions outside of work or after particularly taxing moments. One participant said the strain was only apparent in reflection:

> (D2) I guess I don't think about it that much like when I'm actually going through it. It's only in reflection…people share some pretty heartbreaking things…I've definitely like cried, along with people. But I don't, it's not like I'm thinking about my own emotional experience during that moment, I'm thinking about theirs. And like, how can I make this something that is okay for them or is a positive experience for them and so, it's only in reflection I'm like, Okay, what is my brain doing that is making it that I'm not like, taking in all of these stories and just wallowing in sorrow or something.

Another participant said:

> (A1) For me…I know when I'm burnt out when I leave for home every day needing to do that mental self-care…the minute that you go home and every day, you're like, I need a drink or, I'm so exhausted, then you're done.

On the topic of emotional strain, a participant mentioned their struggle with their own mental health and how their work had the potential to combine with this and create further emotional strain:

> (D1) I think also being inclined to struggle with something like [mental health]…It can be a little harder to bounce back I guess, maybe I'm not as elastic as someone who wouldn't be struggling with, you know, their own emotions…

D. Empowered to Continue Work

Multiple participants expressed a positive impact from acknowledging the emotional strain. Instead of lowered productivity or any other negative effects, participants all discussed an internal push to continue their work. For example, when discussing the oral histories kept at their institution that they engaged with, one participant said:

> (D1) There are many of those people, probably more than half of them are gone, and yet you can go on there and feel like you've had a conversation with them, and that to me is encouraging for the work that we do, to keep going because you know, we're preserving what we can.

Other participants also spoke to a positive impact of working with emotionally straining material:

> (C1) I'm sure it affects [their work] in some aspects, you know, but in a weird way. It pushes me to work harder to because it's like, I have my own personal goals of just trying

> to educate people…it's just my own personal goal to make sure I continue to do the work, so I could get people to learn about this, and I think that's how I just push through the burnout.
>
> (A1) I go into work every day motivated by all of the things that have happened because I get the thank you notes from students…I get people being like, that was really good, or that was the best professional development I've ever had.

A participant compared their drive to continue their work to a popular parable about reaching as many people as possible:

> (D1) There's a beach filled with starfish and someone I guess they're like, stuck there and someone is throwing them in and they say well look around you, you know, you're not gonna be able to make a difference. Look at all these starfish. You can never save them all…you can't make a difference. And the person says, I did for that one…basically, there's more starfish still.

2. What actions, if any, do these staff implement to fight empathy burnout?

After discussing how empathy burnout and emotional strain might affect their work and personal lives, participants were asked if they utilized any coping mechanisms to combat the strain. Multiple themes emerged from participants' experiences and techniques, with some utilizing multiple types. Coping mechanisms implemented by all participants were separated into two emergent categories, personal actions and interpersonal systems.

A. Coping Through Personal Actions

Personal actions are here defined as coping techniques that do not involve coworkers or museum community members, but rather are implemented by the participant themselves separate to their work. Within the broader category of personal actions, two main themes emerged: self-care and personal mindsets.

Several participants discussed personal self-care routines or habits, ranging simply from finding comfortable actions at home to attending therapy. For example:

> (A1) I definitely take some time to do self-care afterwards because how do you look at [traumatic material] and then just go on and drink and eat dinner like, like you saw nothing and so you definitely do have to process that, and like build your own self-care routine…therapy helps too.

Another participant (C1) also said, "Right now I don't really have anything cuz I'm, yeah, like stress eating is probably the other thing I do." Others brought up such actions as going to the gym or acquiring pets to assist with their personal well-being.

Multiple participants brought up their processes for mindsets they take when working with traumatic content or difficult visitor interactions:

> (C1) I'd like to be here for the rest of my career, but, you know, things could happen. I could get hit by a bus tomorrow, but I want to try to get as much done as I can, you know, for the legacy…because I don't want [traumatic history] to just be lost upon the public, you know…we can't keep on doing this, right? And so that's how I push through it. But yeah, like there are times I can't turn my brain off. And I don't know if this is healthy or not…I'm just like living, breathing this almost 24/7.

> (A1) I've been to a lot of the sites where these atrocities have happened…and you know a lot of people get really, really emotional and upset, and again, I think, to be in this field for the long run, for sustainability, you develop this coping mechanism of like, your brain shuts off to this like emotional part and you're like, how do I use what's in front of me to teach people to do better, to be better…But at the end of the day I go into those places with this coping mechanism of, like, Okay, cut it off, you are right now going in as this teacher. And how do you observe this moment and use this moment to create some type of content for others to understand.

> (D1) I personally am pretty spiritual…so I guess, I find some solace in my personal faith and in my belief that you know the end of this life is just a temporary separation.

> (B1) It's not just for some nebulous higher purpose. You know, we could frame it as our in our minds is this is for them, you know…you can put it in your mind and think about it that way. And that helps.

One participant explained that focusing not on one particularly traumatic part of someone's story but instead thinking about someone's entire life helped them dwell less on the trauma itself:

> (D2) I think that for some people, myself included, statistics can be a pretty sort of stressful thing like if you're just thinking of humans as numbers…maybe even just thinking of them just like as this one thing in their life that happened to them and if all I were looking at were the bad things that happened to people…I think it would be

> emotionally difficult all the time…it helps not just looking at numbers or moments, but trying to be more holistic and understanding the story, and in the end what it played in like people's lives.

While some participants mentioned putting up mental barriers or blocks in order to cope, this same participant felt they were incapable of doing that, saying:

> (D2) When you're facing these, you know, sometimes pretty sad stories every day I do think there's like another way to go, which is just sort of like not lean in and just sort of, you know, put up like some kind of block or something. I don't know how to do that necessarily.

B. Coping Through Interpersonal Systems

All participants discussed to some degree that, intentionally or not, they had support systems both within their institutions and in the communities they serve. While these systems may be side effects of their work, they still indicated that having these systems ease the emotional strain and contribute to better states of mind.

Inside their institutions, several participants remarked that though there was a help hotline available for employees struggling with emotional and mental health, that they themselves had never used it but rather found help amongst their coworkers:

> (A1) We all eat lunch together. And that's one of the things that I feel so lucky to be able to do because I know a lot of organizations do not have teams that eat lunch together so working at a place where…everybody can eat lunch together and kind of take a break from their work reality at the moment I think is really important. We all go out to happy hour, and just, you know, we're like, normal. Normal people do that.

> (D2) Over the years I have always had really good colleagues. I've never felt like I can't walk into [colleague's] office and talk through something…I always know that my colleagues and, you know, from our superintendent all the way down to like the newest seasonal employee. I know that they're willing to listen and be supportive…Even though you know sometimes there's, you know, the usual workplace sort of tensions that you're navigating, with that kind of thing there never is. There's only support and that's where you actually need it.

All participants also stated that they and their coworkers received large amounts of support from the communities that their institutions served and represented. Again, they did not perceive this

as an intentional system but rather one that developed simply through their positions as interpreters and as ambassadors to their communities and visitors:

> (B1) I think one good source of enthusiasm and you know, ability to keep pushing through that we've got is we've got the [represented community], you know, and that was where this foundation was founded…when they are in the back, being your cheering squad and saying, you know, we lived through this history and are able to say yes, you're doing good…we have somebody very physically there to say hey, you know, keep up the good work. Keep it going.

> (A1) I don't know how long that'll last but you know when you do get those notes from students that are like, I left so many more questions, or I thought about this, or you taught me that…then you're like okay, I'm doing pretty okay.

> (C1) I try to, you know, spin things into a positive where I enjoy going to these [community outreach event]…it provides me the opportunity to create that community…So like that helps me like, emotionally on the other side of things to feel like I belong.

One participant (D1) summed up this sentiment as follows: "I've had so much emotional support from [represented community]…I've helped preserve their stories and they've helped preserve my sanity."

3. Do they perceive them as functional enough to remedy these effects?

In order to determine if the coping mechanisms were functional enough to mitigate the emotional strain, participants were asked about their plans for their careers, as well as asked about their perspectives on their institutions' long-term assistance for mental and emotional health. In these discussions, multiple participants also brought up the general stigma about addressing mental health in the workplace.

A. Future Career Plans

All participants expressed plans to continue in their current jobs or within the field, though the individual reasons for staying varied from attachment to their found community to recognizing the importance and continued relevance of their work and the work of their

institutions. One participant mentioned all the connections they had made with visitors and local communities:

> (D2) I have a lot of work that I'm really dedicated to but especially [institutional occupation] and like, when I think of suddenly severing the relationships with, you know, literally hundreds of people and their families and just go...even though I know that they would be supportive of it, it would really be like, I would wonder...like am I gaining or am I losing by making this move.

Multiple participants talked about the relevance of traumatic material in modern society and continuing education for emerging generations. For example, one (A1) said, "Genocide is not going away, atrocity is not going away. So unfortunately, I think my job is pretty protected in terms of it - in terms of history and remaining relevant."

One participant raised the point that certain traumatic historical material, particularly more recent historical events, might have more potential to evoke empathy within visitors and thus make interpretive work more fulfilling for museum workers:

> (B1) It has become something that really matters to me. I think that it really makes a difference for people out there and I felt at different points in my career very much like I'm not making a difference, you know, very much like the history that I was doing didn't necessarily matter…I think there was a question of empathy there as well, because I think I got burned out on those because talking about [older historical events] the time is awful. You know, it's extremely depressing. But I think the idea was not that the thing was hard for me…the public didn't share in it. You know, it was a spectacle. It wasn't a human thing and try as you might, you couldn't connect them to it. And that really wore me down a lot faster than say, what I'm doing now, which, you know, I think people feel is very immediate and very relevant and very present, you know, and so I think that makes it easier.

However, it should be noted that, as mentioned in a prior chapter, all but one of these participants has been in the museum field anywhere between 13-31 years. While three of the five have been at their current institution for under 5 years, two have been there for 18 years. This is a unique sampling of individuals, most of whom expressed having been engaged with museums and in some cases, with multiple traumatic history sites, for most of their careers. Therefore, it is

difficult to say whether it was the coping techniques or each individual's commitment to the field that caused them to remain this long. This will be discussed in a later chapter.

B. Institutional Support and Stigmas on Mental Health

Participants were asked if they felt they had support for their mental and emotional health from their institutions, as well as if they felt any systems already in place were effective or if there was room for improvement. Most participants mentioned that though there were systems like phone hotlines available within their institutions, they felt that more could be done and offered some suggestions as to what they felt could be effective.

> (B1) I think that it can be hard to establish and say, like, okay, we've got a policy for this. I think, like, in any public facing institution, especially, you know, you've got to make sure that you're taking care of the mental health of the people out there, you know, and I think that there is a duty to do it as part of being a good employer. I think that it's hard to say, you know, can something like that be put into a policy. I think it's a lot of monitoring day to day, and there's a lot of just checking on your staff and making sure that you know there's a feeling of solidarity among everybody…

The same participant continued:

> I think that procedurally you can cultivate an environment that makes it easier, that you do you actually put your interpreters and interns and all of that, through training to deal with that sort of stuff, you know, I mean we've never formalized it and that's something to think about, actually…it's always just sort of been part of the learning curve as you're coming in and everything that you watch others do; I think there probably is a place for that, where we're doing a little more formal training.

Other participants had further suggestions:

> (D2) Part of the reason I personally have never called [hotline] is because the idea of like, talking to somebody on the phone is like sort of an added layer of anxiety, if that makes sense…I think I've heard from other people that it has been a helpful program, and it's really good that it's in place, but it might be nice to sort of brainstorm options of other mechanisms for support systems.

> (C1) Giving people the space to just chill out and turn off, you know, because I think that that's helpful for people, to just like not think about it, right, because I don't know what is the right way to recover from this burnout, other than just like changing your whole career. But I think stepping away from the story for a little bit is helpful so you're not always on, but that having that dialogue with other people that you trust to be able to

> have these conversations, and maybe, I don't know, having a therapist on hand or something.
>
> (D2) I took a class in a year-long program…one of the classes we took in it…was called emotional intelligence, it's a nation-wide program I think…I think it was really revealing for people to have to sit down and actually talk about the concept of empathy for the first time with coworkers and if you're at a museum like, you know…take your pick of difficult stories, and there's like the people on the front lines, who are doing the interpretation who need that or maybe more naturally are going to create that culture of support.

The same participant continued:

> But then there's also everyone else who keeps the place running, you know, maintenance workers, people who are doing sort of behind the scenes, cultural resources work who maybe aren't interacting with the public and having to think about it quite as much and so they may not create their own sort of support culture just because they're not being as up-front face of it, but I can guarantee you that when you're doing like, maintenance or cultural resources work in a museum where there's really difficult stories, you're going to be thinking about that stuff and you're going to be facing it no matter what. So incorporating everybody on the staff into something like an emotional intelligence class where you're suddenly having to think about, like, use of empathy or, like, how is my colleague who's talking to visitors every day…A good way to go is to not feel like…we just bring the people we think are the ones who need to talk, you know, more about emotional intelligence, when in truth it's every single person working in that institution.

One participant said they did not feel it was the institution's place to provide support:

> (A1) Is it the institution's responsibility or is it the health care thing to make sure that we all have universal access to health care or mental health care…my institutions really, I think, on the forefront of that of being like, not everybody needs pills to be happy…some people need, like, you know, other things. But I don't know if it's the institutions responsibility because I think, yeah like [institutional focus] history is difficult and traumatic but…in a banking industry…that is just as stressful as what I do, just in a different way, so I think it's more of a universal American access to mental health.

Another participant (C1), even when offering suggestions, felt improved institutional support was necessary but an uphill climb, saying "Hopefully, this could help at least bring this up to the field, not that it's going to change anything, because you know the way our field works, doesn't really happen like that."

When asked about both career plans and about institutional support, multiple participants brought up a general societal stigma about mental health in the workplace.

> (C1) I tried to bring it up to talk about, like, not just support for the staff but just the support to be able to talk about these tough subjects without minimizing the experience…so I brought that up where it's like, we need to provide more training in that aspect, but with the burnout aspects like, I don't think that there's any support and I tried to talk to folks about it and most people would say that, you know, they don't see themselves in [institution] much longer because of the lack of support for some of these things.

Another participant talked about how while museums might have support in place, mental health support should be more than checking a box:

> (D2) I think sometimes when we write things into policy okay like safety policies…and then you feel good that you've done something that you'd like achieved the thing, you've written the policy and then it just sort of like, that's all it is. It's a policy. It's in, nobody like, looks at it or practices it and so it's less about like creating a policy or a system for emotional support, especially museums like [various trauma site museums] you know, places where your employees are always dealing with these really emotional stories and practicing empathy all the time. I think more important than like, a policy or like, formalized system, is just trying to engender a culture of support, which is I think a lot harder…I think that there are things in [institution] that are sort of leaning this direction, but they're only available to a very few people.

Chapter 5: Conclusions and Implications

The purpose of this research study is to examine the nature of empathy burnout and potential coping mechanisms for interpretive staff who work with traumatic material at historical and memorial museums. As increasingly traumatic material continues to permeate museological institutions, it is becoming more necessary to support those who exist in such spaces. However, there is still relatively little discussion surrounding the mental health of museum professionals, especially not those working with traumatic material.

The three research questions driving this study were as follows:

I. In what ways does empathy burnout manifest in interpretation staff's work, e.g. motivation and productivity, visitor interaction, personal perceived ability to successfully complete their job?

II. What actions, if any, do these staff implement to fight empathy burnout?

III. Do they perceive them as functional enough to remedy these effects?

Using a phenomenological study design, data was collected through semi-structured interviews with 5 museum interpretation professionals from 4 traumatic historical sites and museums. As stated before, the effects of the COVID-19 quarantine on the sample size of this study mean that these results and conclusions are merely preliminary in nature.

Conclusions:

Empathy burnout and emotional strain manifest various noticeable effects on the lives of museum professionals, including reduced motivation, strain outside of work, and a motivational push to continue difficult work.

The results of this study begin to suggest that museum professionals who work with traumatic material, particularly when engaging with the public, not only notice emotional and

mental strain due to extensive use of empathy, but also experience various side-effects to the strain. Research into empathy burnout in other professions has revealed that apart from the detriment to mental health, burnout also manifests in lowered work productivity, developed anxiety or other such negative effects (Stamm, 2010; Finley & Sheppard, 2017). This was reflected in the early results of this research, that museum professionals do see negative side effects, though they take on different forms for each person. Even with preliminary findings, a majority of participants expressed strain and burnout producing some kind of side effect, many negative, though a similar majority also spoke to the more positive effect of reinforced commitment to their work.

When discussing what brought the most strain and most frequently led to burnout, the participants most often pointed to interactions with visitors and community members. This of course is partially because only front-facing employees who interact with the public frequently were the focus of this study. This research aimed to examine the perspectives of front-facing staff because Figley's framework for the creation of empathy burnout requires the dichotomy of exposure to traumatic material along with the required use of empathy, which in turn creates the area of "special vulnerability" for such staff (Figley, 1995). This was indeed reflected in the initial results of this study, as most participants expressed a negative effect on their lives, mental health, or productivity while also indicating that interacting with the public was what brought on the most strain. However, while all participants spoke of emotional labor and strain, sometimes on a daily basis, they all still spoke to a commitment to their work, addressing a passion they had for what they did and who they worked with.

Internment camp museum workers initially indicate that they continue work despite experiencing strain due to commitment grown out of strong connections forged through their work, which has greater implications for the field.

This sample of participants who, apart from one, have been working in the museum field for between thirteen to thirty years and who all currently work in Japanese American internment camp sites, may indicate an interesting phenomenon within internment camp museum workers and potentially museum employees in general. As mentioned before, research on entry into the museum field indicates that most people seek museums jobs because they love what museums represent or accomplish, a specific museums' subject matter, and because they feel passionate about the work, amongst others (Bailey, 2006; Erdman et al., 2017). The museum field, like others, draws in people who already possess a tendency towards that line of work, front-facing or not, and even those who ultimately leave the field still express a love for what museological institutions in general do (Bailey, 2006; Erdman et al., 2017).

Of these five participants, two of them discussed a personal connection through familial and racial identity to the traumatic history addressed by their institution. Coincidentally, these were also participants who conveyed some of the more difficult stories about interactions with visitors that brought great emotional strain. This included verbal attacks, hate speech and other transgressions by more conservative groups. However, like the rest, these two indicated a commitment to remain in the field, citing personal passion and a sense of duty to their work in part due to their personal connections to the histories. The three who did not have a direct connection initially to the work through family or racial identity still spoke to the connections that grew out of their work and their time in these institutions, that extended tenure in

organizations like internment camps allowed front-facing employees to foster and create those links through friendship and contact.

While those who have a personal stake in traumatic history may be more at risk for strain and burnout, this sample begins to indicate that they may also have increased commitment to the work, thus creating potentially greater struggles with burnout or adversely giving them a tool to push through burnout and continue working despite it. Additionally, as a unique sample made almost entirely of internment camp workers, these participants indicated that prior connections through identity may not be necessary to enter this specific field but an identity can be grown over the years as they create connections with those also affected by or engaging with the traumatic material. This could be with the trauma-affected community or with their coworkers, but the nature of internment camps as recent history allows those connections to be forged with those who were imprisoned there and their families. Such connections then may turn into coping tools that allow these museum workers to remain in these locations for extended periods of time. Participants indicated that despite experiencing some form of emotional strain or burnout in their lives, they still continued with the work because they had a passion for it and were committed to continuing their individual callings.

This pattern is indicative of Schabram and Maitlis' "practice-oriented path" of workers who enter with the skillsets and tools for the job but less of a personal connection to the work, developing that later into their career which, while it may lend to emotional fatigue, develops into further commitment to the work (Schabram & Maitlis, 2017). Even the participants who already had personal connections also entered the field with the career training and knowledge to succeed and their connections grew when they engaged with their jobs. All participants in this study were eager and willing to be interviewed and while COVID-19 may have had an effect on

recruitment responses for this study, those who had a strong emotional connection to the histories and the community, whether present before entering the field or grown during their tenure, were the only ones who responded. Perhaps there may be a link between those who have lost their passion or are too burnt out and those who do not wish to discuss the burnout at all. Further studies would need to be done in this field to determine if this is an ongoing pattern as well as investigating the potential presence of the other two career paths of "identity-oriented" and "contribution-oriented," which will most likely have to include studies of workers who have left the field altogether.

While participants could point to personal and interpersonal coping mechanisms, they indicated a disconnect between organizational practice and what they as employees viewed as effective support of worker mental health.

The results of this study preliminarily suggest that all participants either purposefully developed or found help in coping mechanisms of both individual and interpersonal natures. Some participants looked to self-reflection, alternative medicine, therapy, or religion, but most indicated that they found solace in the communities they had forged both within their institutions and in the communities they represented and interacted with, as mentioned previously. While visitor interaction was one of the main causes of empathy burnout, strong community bonds also were a source of support for most participants in the study. Prior research has indicated that open communication among staff and their ability to discuss any difficulties they may be going through was vastly helpful and necessary (Katrikh, 2018; Rauch, 2018).

In addition to identifying what they felt was effective in mitigating emotional strain, most participants also discussed their perspectives on how institutions can better assist any employees struggling with mental health and with burnout. In this and other research, employees, front-

facing or not, in a traumatic history museum or trauma site have indicated that grappling with the difficult stories held in their institutions is not only common but necessary, and therefore they are at bigger risks for emotional strain (Svgdik, 2019; Rauch, 2018; Zalut, 2018). Emotional trauma permeates the lives of museum employees who surround themselves with it, sometimes for years, and can take a toll on these professionals (Svgdik, 2019; Rauch, 2018; Zalut, 2018).

However, the participants all indicated that they felt that institutions could do more. Not only did many of them discuss how they felt that the current internal support structures were insufficient but also offered suggestions as to what they believe would be more effective long-term. There appears to be a disconnect between what institutions think employees and volunteers want and what those in the field know to work through their own experiences. This demonstrates an institutional and systematic need to reevaluate and reconnect with museum workers on how best to support their well-being, not just related to traumatic material but in general as well. Particularly related to internment camp site museum workers who may work through the strain and emotional labor, these institutions need to recognize the power of the interpersonal systems in place and help support them.

Implications:

For Museum Practice:

The preliminary results of this study, based in the perspectives of the participants, is that institutions not only have a duty to support all aspects of their employees' health, but that currently many museums could do more. The participants expressed a desire to see change in the way museums address mental health at the departmental and institutional levels as well as throughout the general museum community. On the macro level, institutions need to recognize not only that their employees are at risk from burnout, but as demonstrated by Svdgik's work,

traumatic history can affect employees in many ways (Svdgik 2019). This should be reflected in the field with a shift in institutional priorities, policies and cultures of support for employees who are asking for tangible change. On the organizational policy level, this could take the form of structured assistance to make certain services available to all employees, like therapy or alternative healing. As mentioned by one participant there are trainings as well to help increase and better understand empathy in the workplace that could be implemented as part of routine onboarding for both employees and volunteers alike. While some services already exist in a few locations, such as phone hotlines and expanded health care packages, most participants agreed that all museums should have some form of support outside the institution.

However, within organizations, participants spoke to the healing and supportive power of their interpersonal relationships both with their coworkers and with the communities they serve, expressing that a culture of support aided them greatly in dealing with traumatic material. Museological institutions could take the path of fostering more collaborative and communicative work environments that allow more conversations between employees. While instituting something as unstructured as an open and welcoming culture is a longer and more abstract project that relies heavily on employees' willingness to participate, it is far from impossible. As suggested by interview responses, this begins not only by allowing employees time together to foster that camaraderie and to share strategies and experiences, but also allowing them a place to "turn off" and take a break from the traumatic material. Creating a welcoming and collaborative environment in which workers can safely exist as well as talk about any potential health problems, burnout or otherwise, would increase employee satisfaction and safety, and hopefully, as one participant said, "engender a culture of support."

While museological institutions and researchers are already beginning to investigate the effects of traumatic material on museum employees, this research should be furthered, as well as continuing engaging with these employees to better understand which coping techniques help the most and should be more widely instituted. This work can also be extended outside of trauma site museums and to the rest of the museum community, as institutions supporting mental health does not have to stay confined to those who may need it more day to day. Better knowing how to help workers who consistently struggle with empathy burnout and consequent emotional and mental strain can eventually help all museum employees and make the field safer and more welcoming. On top of this, internment camp museums specifically should investigate the strong connections their employees may form with one another and with the traumatized communities to better understand how they can assist and support these relationships as this appears to indicate a better chance at long tenure for their workers.

For Research:

As the conversation surrounding employee and volunteer mental health in museums grows, there is still much to be addressed. It is important that empathy burnout in museums and beyond continues to be studied so that it can be better remedied. Due to the preliminary nature of this study's findings, there are many opportunities to continue this research into coping mechanisms, especially a replication of the work done here to broaden the data. This study only just brushes the surface due to a limited range of sites and site types, as well as focusing solely on front-facing staff, not to mention the small sample size due to COVID-19 complications. Because of this, future researchers could dive further into more varied sites as well as address the coping techniques of different types of employees outside of interpretation.

Another limiting aspect of this study is the great length of tenure for all but one participant. There are many aspects of short versus long tenure that could affect a participant's perspectives of both their relationship to traumatic material as well as the effectiveness of any coping mechanism or practice. Future research could also more deeply examine employees' perceptions of systems intended to help mental health and wellbeing already instituted by their museums and what more all institutions can do to support their employees on all levels. A comparative study that examines worker perceptions of numerous institutional mental health practices compared to a variety of tenures in the museum field could reveal what practices workers perceive as functional and how their perspectives might change over time. An employee who is new to the field and the trauma and is potentially taking advantage of an organizational practice may have a vastly different perspective of its usefulness than an employee who has remained there for decades.

Because front-facing employees are constantly interacting with the public, particularly at traumatic history institutions, it is imperative that these institutions continue to search for ways to better assist the people that bring their subject material closer to visitors, sometimes at their own personal mental health detriment. Because this study focused just on participants who still remained in the field, it may also be interesting for a future study to investigate museum professionals who work with traumatic material who quit their fields due to burnout, looking into what aspects affected them the most and what they think might have mitigated these effects. This could be professionals who remained in the museological field but choose to no longer engage in public-facing work, as well as those who left museums altogether. In general, burnout in museum professionals and what museums can do to help them should continue to be investigated to keep improving museum employees' quality of life and health. Specific to this unique sample,

trauma site museums should not only be made aware of the great potential that internal support systems have for their employees but should also seek to better understand the role that they as organizations and employers have to continue to build on these relationships for the good of their workers, their visitors, and the communities they serve.

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Appendices

Appendix A: Recruitment Email

Hello! My name is Emily, and I'm a graduate student in the Museology program at the University of Washington. I'm currently working on my thesis project, which is investigating the effects and coping mechanisms of empathy burnout in museum interpretation staff in historical and memorial museums that deal with difficult or traumatic subjects. Empathy burnout is the overuse of empathy to the point of negative mental effects, such as declining mental health, difficulty completing work tasks, and even quitting one's profession. While these are extreme possibilities, empathy burnout can present itself in many ways to people who continually work with difficult subject matter and with clients or visitors who are also engaging with this material.

If possible, I would like to conduct an interview with you or any interpretive staff over video chat sometime in the next month, where we would cover subjects like:

- the use of empathy in your work
- the potential origins or presence of empathy burnout in your work, and
- any coping mechanisms you may employ to combat emotional stress or negative mental health due to overuse of empathy through your work.

This interview is completely optional, and any information would be completely anonymous in the final product. If you are unable to participate, or do not wish you, I would also be happy to know of any colleagues you think may be willing to be interviewed.
Thank you so much for your time!

Appendix B: Interview Instrument

A. Introductory Questions:
    1. Would you begin by telling me what your position here is at the museum?
        a. How long have you held this position?
        b. How long have you been in the museum field?
    2. Would you give me an example of one of your projects here at the museum?
    3. Why does this type of work interest you?

B. Using Empathy in Interpretation
    1. Reflecting on your time in this position, do you personally perceive empathy a requirement for your interpretive work with collections and/or with visitors?
    2. How often would you say you use empathy within interpretation at work? [never, occasionally, often, daily]
    3. In what contexts do you use empathy? [For example: in visitor interactions, in creating/updating exhibits, etc.]
    4. Do you ever feel as though you have used empathy to the point of emotional exhaustion, strain or fatigue?
        a. (If yes) From where do you feel it originates (aka exhibits, visitor interactions, etc.)?
        b. (If no) Is there anything you attribute to not feeling this way? [Coping techniques, emotional support in or out of the workplace, etc.]
    5. Do you feel that it affects your ability to successfully do your job?
        a. Would you mind elaborating on that/giving me a few details as to how it does?

C. How To Cope with Empathy Burnout
    1. Do you do anything to combat this emotional strain?
        a. (If yes)
            i. Would you mind sharing some of your coping techniques?
            ii. Do you feel that this is adequate to help with these feelings or is there something more you think might help?
        b. (If no) What do you feel would be helpful to combat these feelings?
    2. Do you have any emotional support within your institution?

a. (If yes) Where does this support come from? (e.g. your peers, an institutional program or system, etc.)
    i. (If institutional) What is being done well?
    ii. What could be strengthened?
b. (If no) What aids do you feel would be useful or helpful for your institution to put into place?
c. Do you think museums have a duty to their staff in any department to offer assistance or have systems in place to help anyone who may be struggling with difficult or traumatic material in their workplace?

D. Concluding Remarks
1. Do you think you will continue in this work long-term? Why or why not?
2. What was it like participate in this exercise and discuss these topics?
3. Do you have any questions for me?