Visiting Auschwitz: Evidence of Secondary Traumatization Among High School Students

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Secondary traumatic stress has been intensively studied among survivors’ therapists, family members, and trauma researchers. We claim that people who are exposed to reminders of past traumatic experiences when visiting places of memory or museum exhibitions could also develop secondary trauma symptoms. Thus, scholars and practitioners must better understand how such places related to historical traumatization (e.g., Holocaust memorial sites) can affect the psychological well-being of visitors. The main aim of this quantitative longitudinal study was to assess the scale of secondary traumatization among visitors to such places. The study found that the syndrome of secondary traumatic stress was observed among 13.2% of high school visitors to the Auschwitz memorial museum. Longitudinal analysis revealed that empathic reactions to the visit in Auschwitz (e.g., a greater inclusion of victims into the self) were associated with higher levels of secondary traumatic stress levels 1 month after the visit. This study suggests that visits to places related to traumatic past events should be preceded by more intense elaboration of Holocaust history and by proper psychological preparations.

Public Policy Relevance Statement
This study suggests that although visits to Holocaust memorial sites improve intergroup attitudes, they can elicit secondary trauma among the most empathic visitors. Visits to places related to past atrocities should be preceded by proper psychological preparation, and much more supplementary care is needed for young people visiting such places.

Research and theorizing on Holocaust education and remembrance among young people often treat historical empathy as its most desired outcome (Burtonwood, 2002; Riley, 1998; Shechter & Salomon, 2005). At the same time, empathic responses among people exposed to the traumatic experiences of another person can induce unwelcome consequences, known as secondary traumatic stress (Ciesiak et al., 2014; Jenkins & Baird, 2002) or vicarious traumatization (Pearlman & MacIn, 1995). Therefore, it is crucial to understand whether the positive effects of some forms of Holocaust education and remembrance are accompanied by consequences that are detrimental to students’ well-being.

Close familial relationships with a Holocaust survivor (Bar-On et al., 1998; Leon, Butcher, Kleiman, Goldberg, & Almagor, 1981; Shira, 2016), being the descendant of a Holocaust victim (Yehuda, Schmeidler, Wainberg, Binder-Brynes, & Duvedevani, 1998), and even being a trauma therapist (Lisa McCann & Pearlman, 1990) can result in secondary traumatic stress, although such a reaction is by no means inevitable (van IJzendoorn, Bakermans-Kranenburg, & Sagi-Schwartz, 2003). Secondary traumatic stress is defined as a set of negative effects (behaviors and emotions) of secondary exposure to a traumatic event that are highly similar to those of primary exposure, with the difference being that exposure to a traumatizing event experienced by one person becomes a traumatizing event for a second person (Bride, Robinson, Yegidis, & Figley, 2004). In fact, it is the highly empathic response to

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horrible stories, imagery, and reenactments of traumatized clients that leads to posttraumatic stress disorder (PTSD) symptoms (compassion fatigue) among therapists (Jenkins & Baird, 2002). Although such empathic attunement is natural when people have contact with trauma clients, apparently it can also alter people’s psychological functioning.

Until now, the term secondary traumatic stress has been mostly used to describe the consequences of contact with human witnesses and survivors of traumatic events (Cieslak et al., 2014). This research includes studies of trauma survivors’ therapists (Hesse, 2002), family members (Figley & Kleber, 1995), and trauma researchers (McLennan, Evans, Cowlishaw, Pamment, & Wright, 2016). Reminders of one’s own trauma, such as places and situations related to terrorist attacks or war, can lead to high distress among people reporting long-term PTSD syndrome (Scrimin et al., 2011), whereas under some conditions it can decrease such distress (Neuner, Schaer, Klaschik, Karunakara, & Elbert, 2004). However, being exposed to distant reminders of the past traumatic experiences of other people, such as places of memory, recorded testimonies, or museum exhibitions, can also elicit secondary trauma. Research analyzing the effects of media exposure to the September 11 terrorist attacks in the United States found that PTSD symptoms could be induced by Internet representations of traumatic events (Saylor, Cowart, Lipovsky, Jackson, & Finch, 2003) or by viewing television reports of such events (Otto et al., 2007). Media-induced secondary PTSD was found to be particularly visible in highly vulnerable populations (Neria & Sullivan, 2011), although recent diagnostic criteria (such as the American Psychological Association’s Diagnostic and Statistical Manual of Mental Disorders, fifth edition) clearly state that PTSD diagnoses do not apply to exposure through electronic media, television, movies, or pictures if such exposure is not work related. Therefore, it is possible that visits to places that remind one of the traumatic pasts of others could induce PTSD, especially among highly vulnerable individuals.

Every year, millions of people visit places related to Holocaust history, such as former ghettos, death camps, and other memorial sites (Keats, 2005). Millions of students are confronted with Holocaust history as part of their regular school education. It is known that an acknowledgment of Holocaust history and Jewish victimhood can lead to positive psychological outcomes, such as increased prosociality, social trust, decreased anti-Semitism, and greater empathy and inclusion of the victims into self (Shechter & Salomon, 2005; Stefaniak & Bilewicz, 2016; Stefaniak, Bilewicz, & Lewicka, 2017; Vollhardt, 2013; Wojcik, Bilewicz, & Lewicka, 2010). However, to date, systematic studies that analyze how such experiences might affect psychological well-being remain relatively scarce (Lazar, Chaitin, Gross, & Bar-On, 2011; Mimouni-Bloch, Walter, Ross, & Bloch, 2013; Nager, Nager, Lalani, & Gold, 2011) and focus on the descendants of the victimized group, rather than other visitors to such places. Here we aim to verify whether visits to places of memory related to historical atrocities affect not only visitors’ empathic reactions to the victimized group but also their psychological well-being.

In this study, we focus on the affective consequences of visiting Holocaust memorial sites, such as positive and negative moods experienced after visiting such sites (as compared with participants’ moods before visiting these places), and empathic reactions to the victimized groups. The main aim, however, is to explore whether such visits might induce secondary traumatic stress. Such a possibility was previously mentioned as a potential risk among people working in Holocaust memorial sites (McCarroll, Blank, & Hill, 1995). Therefore, we hypothesize that visits to the Auschwitz Museum and Memorial, at the site of the former concentration and death camp, increases empathic concern about the victims (cf., Lazar et al., 2011) at the cost of secondary traumatization among highly empathizing individuals. This hypothesis is based on a rationale developed in trauma research pointing to the fundamental role of empathy in compassion fatigue and secondary trauma (Jenkins & Baird, 2002).

To test this prediction, we designed a longitudinal study assessing the effects of visits to the memorial of the largest Nazi extermination camp, Auschwitz-Birkenau, where almost one million Jews were killed between 1942 and 1944, together with tens of thousands of people from other ethnic and religious groups, primarily Pole, Roma, and Soviet prisoners (Piper, 1994). Today the Auschwitz-Birkenau State Museum, a United Nations Educational, Scientific, and Cultural Organization World Heritage site, hosts more than one million visitors annually—approximately half of them are Polish (Berbeka, 2012). In the present study, we measured affective and empathic responses to the visit at Auschwitz-Birkenau by administering a brief questionnaire before the visit, directly after the visit, and 1 month after the visit.

To assess empathic responses to the visit to Auschwitz, we measured subjective inclusion of victims into the self, a measure of closeness used in psychological research on interpersonal relations (Aron, Aron, & Smollan, 1992) and intergroup relations (Stefaniak & Bilewicz, 2016). People scoring higher in the inclusion of victims into the self can envision being overall similar to, and sharing psychological states with, the victims.

Additionally, the third questionnaire included a measurement of secondary trauma symptoms related to the visit to the death camp memorial. This research design allowed for an assessment of whether incidental empathy (the inclusion of victims into the self) and affective reactions to a visit to Auschwitz would be related to the development of secondary trauma one month after the visit.

**Visits to the Auschwitz-Birkenau Death Camp: The Longitudinal Study**

**Method**

**Participants**

Six hundred eighty-six non-Jewish Polish high school students participated in the current study. They were visitors to KL Auschwitz as part of a trip organized by the Auschwitz Jewish Center. The participants were members of school classes that visited Auschwitz as an expansion of their history curriculum. The workshops were advertised on the web page of a local educational center for teachers. The decision to join the workshop was made by teachers on a voluntary basis, but it became part of the students’ regular educational curriculum once the teacher made the decision to participate in the program. Twenty-six total subgroups were part of the study. The mean age of participants was 17.23 years; more than half of them (54.6%) were female.
Secondary trauma after visiting Auschwitz

Procedure

The study was designed as a three-stage research study. The participants completed the standardized, self-administered questionnaire 1 month before the trip to KL Auschwitz (t₁), just after their visit to the camp (t₂), and a month after their visit (t₃). Questionnaires were distributed by schoolteachers (in the cases of t₁ and t₃) and by a trained KL Auschwitz guide (t₂).

The initial sample consisted of 686 students (from 26 school classes) in the t₁. Overall, 49.7% of the starting group (341 students/18 classes) completed all three measurements (t₁, t₂, and t₃). These students formed the final sample used in further longitudinal analyses. The probability of dropping out of the study did not systematically reflect any sociodemographic variables (age, gender) or reflect the starting levels of such variables as inclusion of the victims in the self or positive and negative affect.¹

Materials

Because of the naturalistic field setting, a brief, two-page questionnaire was used in all three waves of the study. The questionnaire included demographic information (age and gender) and the focal variables of interest.

Inclusion of victims in the self was measured using a three-item scale (Stefaniak & Bilewicz, 2016). The scale was a verbal analogue of the pictorial measure of inclusion of others into the self (Abereson & Howanski, 2002; Aron et al., 1992) and was used here as a proxy of empathic reactions to the victimized ethnic group (Jews) because previous research on prosociality suggested that empathy stems from the confusion of the self with others (Wegner, 1980). The scale proved reliable, α₁ = .82, α₁₂ = .86, and α₁₃ = .88.

Positive and negative affects were measured using the 20-item Positive and Negative Affect Schedule (Watson, Clark, & Tellegen, 1988; Polish adaptation by Brzozowski, 2010). The scale is known to capture two distinctive dimensions of self-rated mood: positive affect (the extent to which a person feels alert, active, and enthusiastic) and negative affect (the extent to which a person experiences aversive mood states, such as anger, contempt, guilt, etc.). The positive affect is a state of pleasurable engagement, whereas negative affect is one of general subjective distress. Participants evaluate the extent to which they experience sets of 10 positive and 10 negative emotions (1. not at all; 5. extremely). The reliability of the scores for positive affect were α₂₁ = .86, α₂₂ = .89, and α₂₃ = .90. The reliability scores for negative affect were α₃₁ = .79, α₃₂ = .80, and α₃₃ = .85. We calculated composite mean scores for both positive and negative emotions, with higher scores reflecting more positive or negative affect, respectively.

Secondary Traumatization among KL Auschwitz visitors was measured using the Short PTSD Inventory (PTSD-8; Hansen et al., 2010). The scale consists of eight items that measure three different aspects of PTSD: intrusiveness (four items), avoidance of thoughts referring to the traumatic event (two items), and hypervigilance (two items). Participants are asked to evaluate the frequency of specific thoughts and feelings related to their visit to KL Auschwitz (1, never; 4, often). The scale was administered only once, in t₁, as it relates to a past traumatic episode. To indicate the presence of secondary traumatization, the scale was recoded into a 0/1 nominal variable using a threshold of at least one symptom from each PTSD subscale (intrusion, avoidance, and hypervigilance), following the suggestions of Hansen et al. (2010). To measure the intensity of symptoms, a sum of eight items was used, forming a continuous scale. The Cronbach’s alpha for the general scale was .83. The exact wording of the Polish scale, as well as its backtranslation into English, can be found in the Appendix.

Results

ANOVA Results

To assess the effects of the visit to KL Auschwitz, a one-factor, within-subject ANOVA with listwise deletion was conducted for the measures that were used across all three waves of the study (positive and negative affect and inclusion of the victims into the self; see Table 1). The analyses showed significant changes over time of the degree to which participants included the victims into the self, F(2, 680) = 53.22, p < .001, η² = .14; marginally significant changes in positive affect, F(2, 676) = 2.84, p = .059, η² = .01; and no effect for negative affect, F(2, 672) = 1.04, p = .355. Participants tended to include the victims into the structure of the self to a higher extent after the KL Auschwitz visit than before the visit (p < .05), and the effect lasted 1 month after that visit (p < .05, as compared with the previst measurement).

The positive affect was also slightly lower after the trip to Auschwitz than before the visit up for to 1 month after it, although this effect did not reach the level of statistical significance. No significant contrasts were found for negative affect.

Secondary Traumatization

In accordance with the established cutoff criteria for PTSD (Hansen et al., 2010), we used a threshold of at least one symptom from each PTSD subscale (intrusion, avoidance, and hypervigilance) with an item score that was equal to or greater than three (³3). Based on this criterion, among the Auschwitz visitors we studied, 13.2% could be classified as having secondary trauma syndrome related to the visit to KL Auschwitz. Of that number, when it comes to the specific subscales of PTSD used in the study,

¹To check the systematic relations between dropout ratio and sociodemographic and the initial level of variables of interest, we ran a multilevel regression model with dropout as the dependent variable. The dropout value was coded as 0–2 variable, which accounted for the number of waves that were missing. The individual responses were clustered in classes. The predictor variables were gender, age, initial levels of positive and negative affect, and inclusion of victims in the self. The overall model proved to be insignificant. The overall R² was .02 and insignificant (p = .4); none of the predictors allowed for the significant prediction of the dropout rate (all p values for single predictors exceeded .1).

²The Polish version of the PTSD-8 inventory was created using the committee approach (Van de Vijver & Leung, 1997). Detailed information about the external validity of the study may be found in the supplementary online material.
Table 1. Means and Standard Deviations for the Variables Measured Across Three Waves of the Study

<table>
<thead>
<tr>
<th>Variable</th>
<th>M1</th>
<th>SD</th>
<th>M2</th>
<th>SD</th>
<th>M3</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inclusion of victims into self</td>
<td>3.00a</td>
<td>1.49</td>
<td>3.66a</td>
<td>1.54</td>
<td>3.57a</td>
<td>1.61</td>
</tr>
<tr>
<td>Positive affect</td>
<td>3.21a</td>
<td>.71</td>
<td>3.12a</td>
<td>.80</td>
<td>3.22a</td>
<td>.82</td>
</tr>
<tr>
<td>Negative affect</td>
<td>1.75a</td>
<td>.53</td>
<td>1.80a</td>
<td>.57</td>
<td>1.78a</td>
<td>.63</td>
</tr>
</tbody>
</table>

Note. Means with differing subscripts within rows are different at the p < .05 level with Bonferroni correction.

60% reported intrusion-related symptoms, 28.5% reported avoidance symptoms, and 13.2% reported hypervigilance symptoms.3

The Effects of Empathic Reactions to Secondary Traumatization

Next, we sought to identify the effect of emotional and cognitive reactions to the KL Auschwitz visit on secondary traumatization (coded as a dichotomous variable), controlling for sociodemographic variables. The changes in affect (positive and negative) and empathic response (the inclusion of the victimized group into the self) after the visit to Auschwitz, as compared with the baseline level measured before the visit, were used as predictors in the multilevel logistic regression analysis.

Because of the nonindependence of measurement (participants were visiting KL Auschwitz with school classes, implying similar experiences), we used a multilevel model with participants nested within classes. The Bayesian estimator with a noninformative prior was used to identify the model.

The regression showed that the predictive power of the model was significant overall (p < .001) and that it accounted for 14% of the secondary PTSD variance. However, the change regarding the inclusion of others into the self was the only significant predictor of the secondary PTSD symptoms (see Table 2).

Finally, we analyzed the impact of psychological responses to the visit to Auschwitz on the intensity of secondary traumatization. We used a multilevel model with participants nested within classes and a Bayesian estimator. The regression showed that the predictive power of the model was also significant (p < .001) and accounted for 7% of the secondary PTSD variance. The intensity of secondary PTSD was related positively to increased inclusion of the victims into the self and an increased emotional reaction (increases in both positive and negative emotions; see Table 3).

Discussion

The results of this longitudinal study indicated that a visit to the Auschwitz memorial can lead to increased inclusion of the victims into the self among Polish students. This result is in line with previous research showing that deep confrontation with the tragic history of the Jews during World War II can lead to the inclusion of this outgroup into the self among young people (Stefaniak & Bilewicz, 2016). Most importantly, participants who empathized highly with the victims after the visit to the Auschwitz memorial (i.e., the visit increased the extent to which they included Jews in their self-structures) more frequently reported PTSD symptoms than those participants who did not include the victims into their self. Greater inclusion of victims into the self was also positively related to the intensity of secondary trauma. The affective reactions to the visit were unrelated to the presence of PTSD symptoms; however, such reactions were additionally responsible for the intensity of secondary trauma (although all these variables explained 7–14% of variance in PTSD). This finding supports the view that compassion for the victims, in this case the victimized ethnic group, could lead to secondary or vicarious forms of traumatization (Lisa McCann & Pearlman, 1990; Pearlman & MacLean, 1995).

The frequency of secondary trauma among visitors to Auschwitz (60% reporting intrusion-related symptoms, 28.5% reporting avoidance symptoms, and 13.2% reporting hypervigilance symptoms; overall 13.2% satisfying the criteria of PTSD) may sound alarming when compared with similar frequencies among survivors of severe traumatic events studied using the same PTSD-8 inventory: 19.5% of nurses who witnessed Hurricane Sandy in the northeast United States satisfied PTSD criteria (Roberts, Caruso, Toughill, & Sturm, 2016), as did 13.3% survivors of a fireworks factory explosion (Hansen et al., 2010, sample 3). At the same time, it is important to note that several Polish studies on the topic show a high prevalence of PTSD in the country: 18% of high school students who survived the 1997 floods in southeastern Poland met PTSD criteria (Bokszczanin, 2007), as did more than 30% of World War II survivors (Lis-Turlejska, Luszczynska, Plichta, & Benght, 2008; Lis-Turlejska, Luszczynska, & Szumal, 2016) and 41.5% after diverse traumatic events (Zawadzki et al., 2015). Because these results call for more cautious analysis, it is crucial to note that participants who visited Auschwitz report similar levels of traumatization as the victims of severe traumatic events reported in some other studies.

Our study is the first to examine how exposure to places of memory may potentially cause PTSD symptoms. Previous studies performed in the context of Warsaw ghetto visitors found that contact with places of traumatic history increases people’s interest in history and their general awareness of the traumatic past.

Table 2. Summary of the Regression Analyses for Secondary PTSD Syndrome

<table>
<thead>
<tr>
<th>Variable</th>
<th>B</th>
<th>SE B</th>
<th>95% CI</th>
<th>β</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender*</td>
<td>3.1</td>
<td>1.9</td>
<td>−68.07</td>
<td>−1.4</td>
</tr>
<tr>
<td>Age</td>
<td>0.05</td>
<td>0.07</td>
<td>−18.08</td>
<td>−0.06</td>
</tr>
<tr>
<td>Δ positive emotions*</td>
<td>0.09</td>
<td>0.12</td>
<td>−15.33</td>
<td>0.07</td>
</tr>
<tr>
<td>Δ negative emotions*</td>
<td>−0.09</td>
<td>0.08</td>
<td>−39.24</td>
<td>−0.04</td>
</tr>
<tr>
<td>Δ inclusion of victims into self*</td>
<td>0.23 **</td>
<td>0.08</td>
<td>0.09</td>
<td>0.29 **</td>
</tr>
<tr>
<td>R²</td>
<td>.14</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N (individuals / groups)</td>
<td>320 (18)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note. PTSD = posttraumatic stress disorder.

* The differences in the percentage of participants who declared intrusion versus avoidance and hypervigilance symptoms is probably a result of the unbalanced number of items in each of the subscales. The intrusion subscale consists of four items, whereas the two other scales consist of two items only.
Table 3. Summary of the Regression Analyses for the Intensity of Secondary PTSD

<table>
<thead>
<tr>
<th>Variable</th>
<th>B</th>
<th>SE B</th>
<th>95% CI</th>
<th>β</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender*</td>
<td>.06</td>
<td>.06</td>
<td>-.06, .18</td>
<td>.05</td>
</tr>
<tr>
<td>Age</td>
<td>-.01</td>
<td>.02</td>
<td>-.06, .04</td>
<td>-.03</td>
</tr>
<tr>
<td>Δ positive emotionsb</td>
<td>.10*</td>
<td>.04</td>
<td>.02, .17</td>
<td>.10*</td>
</tr>
<tr>
<td>Δ negative emotionsb</td>
<td>.14*</td>
<td>.05</td>
<td>.05, .24</td>
<td>.15*</td>
</tr>
<tr>
<td>Δ inclusion of victims into selfb</td>
<td>.07*</td>
<td>.02</td>
<td>.02, .11</td>
<td>.15*</td>
</tr>
</tbody>
</table>

N individual (groups) = 321 (18)

Note. PTSD = posttraumatic stress disorder.
* Coded 0 for men and 1 for women. † The Δ stands for differences between the second and first waves of the study.
" p = .05. ** p < .001.

(Wójcik, Bilewicz, & Lewicka, 2010). Furthermore, research has shown that motivating young people to explore traumatic local history can improve attitudes toward the victimized ethnic groups and reduce perceived distances to them (Stefaniak, & Bilewicz, 2016). To date, there is no evidence in the literature speaking to the potential adverse psychological effects of contact with memorial sites commemorating such traumatic history. Previous qualitative narrative analyses pointed to the phenomenon of vicarious witnessing during visits to concentration camps in Germany and Poland (Keats, 2005), but there has been no large-scale quantitative study focused on such experiences. In that respect, this is the one of the first studies to show that, although visits to places of memory can contribute to the improvement of intergroup attitudes, they might also have some detrimental effect on the psychological well-being of the most empathic visitors.

Our study suggests that much more psychological care is needed for young people visiting memorial sites related to atrocities. Indirect contact with the suffering of other people by looking at piles of their hair, shoes, and pictures of emaciated bodies and corpses could lead to severe psychological problems, particularly among those highly empathizing with the victimized group. Psychiatrists working with Holocaust Memorial Museum staff previously mentioned this problem, but it has never been analyzed empirically (McCarroll et al., 1995). More studies are needed to better understand what exact elements of such an experience can cause PTSD symptoms in visitors.

Secondary trauma after visiting the Auschwitz Museum and Memorial was highly prevalent among a vulnerable group: those students with the highest empathic concern, who easily included the victims into the self. This problem reflects the question of emotional overgeneralization observed among Israeli students visiting Nazi death camps in Poland (Lazar, Chaitin, Gross, & Bar-on, 2004) and the increased levels of anxiety found among Jewish participants in the March of the Living event at Auschwitz (Nager, Pham, Grajower, & Gold, 2016). Results of the studies of Jewish visitors to Auschwitz suggest that such visits lead to increased spirituality, which limits somatizations and other negative outcomes from visiting traumatic places (Nager et al., 2011). It is possible that future studies could analyze how spirituality could be incorporated into the working-through experiences of people who visit former death and concentration camps.

One important limitation of the current study is that, because of the study context, our participants could devote only a very limited amount of time to us. Therefore, we were constrained to the use of short scales and constrained measurements (e.g., PTSD-8, Hansen et al., 2010). Further studies could analyze such effects in the context of other memorial sites and use more elaborated PTSD measures as well as more detailed indicators of empathic concern.

Another limitation of this study is the fact that our measurement of secondary PTSD was based on Diagnostic and Statistical Manual of Mental Disorders, fourth edition (American Psychiatric Association, 2000) criteria, whereas the new Diagnostic and Statistical Manual of Mental Disorders, fifth edition, which was introduced after our study was launched, has a slightly different organization of PTSD symptom clusters (American Psychiatric Association, 2013).

Finally, the exact psychological mechanism of secondary trauma after visiting such places as Auschwitz is not clear—Is it a reminder of the knowledge about the Holocaust (cognitive psychological process) or the experience of coming into contact with a traumatic place (environmental psychological process)? These spaces can have different consequences for participants whose ancestors were largely exposed to the Holocaust and those whose families did not have such exposure (in the present study, this variable has not been assessed). Although we believe that the psychological distress of visitors to former Nazi death camps is specific to the human experience with historically loaded environments, more studies are needed to examine whether other reminders of the traumatic past could lead to similar psychological outcomes.

Overall, our study presents initial evidence about the potential risks involved in unprepared confrontations with memorial sites that commemorate a traumatic past. We suggest that visits to places like Auschwitz-Birkenau should be preceded by more intense elaborations of Holocaust history that could possibly reduce their detrimental effects on psychological well-being among the most empathic visitors and enhance these visitors’ ability to work through the traumatic past (cf., Lazar et al., 2004). Such preparation could include providing sufficient information about the scale of the genocidal crime and images that could desensitize students before their exposure to naturalistic artifacts presented at the memorial sites. Additionally, it might prepare the basis for spiritual or universalistic understandings that are known to improve psychological well-being after confrontations with such a past (Nager et al., 2011; Shechter & Salomon, 2005). It is also crucial to develop proper skills among teachers and other educators who would need certain competences when counseling adolescents who have participated in such visits.

Keywords: secondary trauma; posttraumatic stress disorder; Auschwitz; memorial sites

References


SECONDARY TRAUMA AFTER VISITING AUSCHWITZ

7

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Appendix

Secondary Traumatization Scale (based on PTSD-8; Hansen et al., 2010)

English Translation

The following are symptoms that people sometimes have after experiencing, witnessing, or being confronted with a traumatic event. We would like to ask you whether, since your visit to KL Auschwitz, you have experienced any of the following symptoms. Mark your answer with an X.

- Recurrent thoughts or memories of the visit to the camp.
- Feelings as though the event is happening again.
- Recurrent nightmares about KL Auschwitz.
- Sudden emotional or physical reactions when reminded of the visit to the camp.
- Avoiding activities that remind you of KL Auschwitz.
- Avoiding thoughts or feelings associated with the camp.
- Feeling jumpy, easily startled.
- Feeling on guard.

Polish Version

Poniżej zamieszczamy listę reakcji, których ludzie doświadczają w odpowiedzi na wydarzenia silne naładowane emocjonalnie. Prosimy Cię o odpowiedź na pytanie, czy od czasu Twojej wizyty w obozie Auschwitz wystąpiły u Ciebie następujące zachowania. Wpisz znak X w odpowiednie pole:

- Powracające wspomnienia o wizycie na terenie obozu.
- Uczucie jakbym znowu był(a) w tym miejscu.
- Powtarzające się koszmary senne na temat obozu.
- Silne emocje lub stres, gdy przypominam sobie odwiedziny w obozie.
- Unikanie działań, które przypominałyby o obozie Auschwitz.
- Unikanie myśli i uczuć, które przypominałyby o obozie.
- Czuje się porywany(a), łatwo mnie przestraszyć.
- Zachowuję stałą podwyższoną czujność.