

The Emotional Impact of 4th May Commemoration in the Netherlands

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Abstract

Commemorations and social rituals are a common practice among humans after war and disaster with the purpose of helping in the process of mourning and healing. However, the actual impact of this practice on the individual and society remains unclear. We analysed the emotional impact of the Dutch commemoration of World War II (WWII) victims on first and third generation since WWII. Participants visualised a short summary of last year's commemoration and rated their emotions before and after the clip. It was expected that both groups would experience an increase in negative emotions and a decline in positive emotions. It was also hypothesised that this change in emotion would be stronger in the first generation, due to their proximity to the war. Furthermore, we analysed the influence, if any, of Post-traumatic Stress Disorder (PTSD) symptoms and personal memories about the war on the increase in negative emotion. The results confirmed the expected impact of commemoration in both samples but no significant differences between them. Contrary to what was expected, PTSD symptoms and personal memories showed no predictive power for the increase in negative emotions.

Keywords: Commemoration, Social Rituals, War, Emotion, Trauma, Ageing, PTSD, Anniversary Reactions

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After war, genocide, terrorism, natural disasters or any event that involves loss and trauma, cohesion of society can be damaged or even completely broken. Shocking war experiences can have long lasting consequences for the victims, which may even extend to the families of survivors (Bramsen & van der Ploeg, 1999). To cope with such consequences, rituals and memorials have been celebrated for decades. Among those, commemoration is "an act that arises from an intention to keep the memory of a person or a thing alive" (Bomba, 2016, p. 7), and it is a materialization of "the need to forget, to allow life to triumph over death, and the need to remember" (Bomba, 2016, p. 8). There are many different forms of commemoration, such as monuments, museums, theme parks, historical films, textbooks, ceremonies and social rituals, and public oratory (Hynes, 1996). Their purpose is to help in the construction of a unitary and coherent version of the past that can provide collective comfort, social support and integration. They also intent to reinforce empathy, re-establish the lost sense of community and restore the damaged social beliefs (Barbara, 2003; Páez & Basabe, 2007). Social sharing "enables the mourners to encompass contradictory feelings and story lines" (Sivan, 1999, p. 181), and it is an important mechanism involved in reinforcing the strength of the individual (Rimé, 2005). Durkheim (1912) affirmed that social rituals like commemorations contribute to the development of a state of emotional communion and collective identity, which leads to an experience of unity and similarity.

Spectrum of Reactions

Despite the mentioned purposes, studies show that collective commemorations can trigger different emotional and psychological responses. Rimé (2007) describes the process through which an emotional state can be propagated like a wave as "collective emotional episodes". Social sharing waves elicited by a positive collective emotional episode would

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progressively set up a positive emotional climate. Similarly, a negative emotional climate is expected as a result of a negative collective emotional episode. Aligned with this logic, in Marques, Paez, & Serra (1997), the more participants focused on the memory of a family member being either a victim of violence or an actor in a violent environment, the more negatively they assessed the emotional climate of their country. This supports Bramsen & van der Ploeg (1999) idea that trauma can reach the families of survivors, extending to new generations (what Pivnick (2011) calls “traumatic overstimulation”), and reinforce a negative view of the contemporary society. Páez, Rimé, Martínez, & Basabe (2006) reported, on the one hand, that collective rituals sustained the emotional arousal and rumination derived from the terrorist bombing in Madrid in March 11th, 2004. On the other hand, sharing emotions reinforced the perception of social support, reduced feelings of loneliness, enhanced positive affect and increased posttraumatic growth. As shown by Gasparre et al. (2010), other positive outcomes related to participation in rituals are social cohesion and solidarity, altruistic behaviour, communal coping, less avoidant thoughts and reactions regarding the traumatic event, and positive beliefs about self, others and society. In the context of collective trauma, communal coping reinforced the perception of social integration and posttraumatic growth (Paez & Basabe, 2007). Nevertheless, they also found an increase of intrusive thoughts or reminiscences about the trauma. Similarly, as seen in case studies with veterans (Hilton, 1997; Amen, 1985), commemoration of traumatic events through media can provoke the development of PTSD among those who went through similar events in the past. In another study (Beristain, Páez, & González-Castro, 2000), participation in mourning rituals enhanced current sadness and did not protect against other negative emotions and grief.

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Anniversary Reactions

Regarding the negative psychological, somatic and behavioural responses, “anniversary reactions” is the term used to refer to “those that occur at a specific time, usually the anniversary of a significant trauma or loss” (Chow, 2010, p. 55). Anniversary reactions usually come in the form of recurring intrusive thoughts, persistent avoidance, numbness, hyper-arousal, sleeping problems, irritability, physical hyperactivity, sense of insecurity, hopelessness and frustration. On the emotional level, grief, sadness, regret, fear, anxiety, stress, frustration, anger and avoidance can also be heightened (Myers, 1994). These reactions can be triggered by public commemorations, because they are celebrated at significant dates and can become an immediate link to the traumatic experience (Amen, 1985). In this line, Morgan (1998) hypothesized that an individual is sensitized after being exposed to a traumatic event, and the consequences can be seen afterwards under circumstances that become reminders of such event. In individuals with previous PTSD diagnose, anniversary reactions are experienced as an exacerbation of the symptomatology (Chow, 2010; Amen, 1985).

War, Trauma and Ageing

Since passage of time presents more opportunities for exposure to traumatic events, it is more likely than an old individual will have experienced it (Lapp, Agbokou, & Ferreri, 2011; Schnurr, Spiro, Vielhauer, Findler, & Hamblen, 2002). A study conducted fifty years after WWII shows full PTSD diagnosis in a small number of subjects and high scores on PTSD symptoms among persecuted subjects (Bramsen et al., 1999). On top of that, as Lapp, Agbokou, & Ferreri (2011) point out, ageing is concurrently seen with normal biological, psychological and social changes. PTSD symptoms add to this natural process and have been associated with accelerated ageing (Golier et al., 2007) which includes an increased risk of coronary heart

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disease (Kubzanksy et al., 2007), depression and anxiety (Spitzer et al., 2008), and added attention, memory, and executive functions impairment (Moore, 2009).

Dutch Tradition on Commemoration

In the Netherlands, the Remembrance Day is held annually on May 4 to remember all Dutch civilians and soldiers who died during WWII, in war situations or during peacekeeping operations. The biggest ceremony in Amsterdam is organised by the National Committee for 4 and 5 May. The main ceremonies are broadcast by the public company NOS and by other commercial broadcasting companies. People from all generations and backgrounds are involved and invited to participate. At Dam Square, the commemoration begins with a short speech, which is followed by the members of the royal family laying down a wreath to remember the dead. After that, the music of the *Wilhelmus*, the Dutch national anthem, is played. At 20:00, the two minutes of silence begin, and traffic is stopped all around the Netherlands. Finally, more flowers are placed around the monument while WWII survivors and governmental leaders give their speeches and the ceremony comes to its end.

Purpose of the Present Research

Clear conclusions about the impact that collective commemorations have on mental health have not yet been reached. There is still little literature on the topic and both positive and negative outcomes have been reported (Verloop, Mooren, & Boelen, submitted). Thus, it is important to clarify what impact it has and why to avoid harm through unintended side effects of this practice and to be able to find a constructive way of dealing with loss and trauma.

The aim of the present study is to explore what emotional impact commemoration has throughout different generations since WWII. Emotional reactions after the visualisation of a recording of the Remembrance of the Dead in the Netherlands will be assessed to explore its impact on both elderly (first generation since WWII) and young people (third generation since

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WWII). We hypothesized that there would be an increase in negative emotions and a decline in positive emotions in both groups but stronger in the first generation. Since some mentioned studies report the role of previous PTSD symptoms in sensitizing individuals to reminders such as commemoration, we also expected that PTSD symptoms and personal memories connected to war (coming either from personal experience or from loved ones) would be predictors of the increase on negative emotions.

Method

Design

The design of the present study is based on the trauma film paradigm. It was developed in 1960 to study the different reactions to trauma such as intrusive memories, negative mood and cognitions, and physiological arousal (James et al., 2016). According to this paradigm, the visualization of a short movie or clip, related to a traumatic event, will induce similar reactions as real-life trauma experiences. In the present study, this paradigm has been used to study the emotional response to the commemoration held on May 4. As mentioned above, in some people commemorations can induce negative symptoms directly linked to the traumatic event (anniversary reactions). Thus, based on the trauma film paradigm, we used a 16:34 minute resume of the Remembrance Day to evaluate the emotional reactions. The video shows the royal family laying down the flowers, the national anthem, the two minutes of silence and a few families giving their speeches and laying wreaths.

Data Collection and Procedure

Ethical approval for the study was provided by the ethical review board of the faculty of social sciences of Utrecht University. First generation participants were recruited through snowballing methods, mainly within the researchers' networks. Information letters were given to nursing homes and people that provide home care to elderly people. They handed this

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information to their clients, and those willing to participate filled an informed consent. This form was returned to the researchers, who then called each participant. Third generation participants were recruited through the researchers' personal networks, e-mail and a poster campaign. Students involved in the Bachelor of Psychology could participate in the study to earn mandatory research-participant points. Third generation people filled the survey online and without the researchers' presence, whereas first generation people filled it with the presence of a researcher in order to have technical and/or emotional support. The basic requirement for all participants was to use a laptop with screen size between thirteen and fifteen inches and either a headset or speakers to hear the clip.

All participants answered several questions before and after the visualization of the clip. This information was used to perform between and within group statistical comparisons. Prior to its experimental application, we conducted a pilot study to test the comprehensibility and feasibility of the questionnaire and based on the results some questions were refined.

Participants

The final sample was formed by 100 participants who successfully completed the whole questionnaire. Inclusion criteria for the first generation group were being born before 1945 and speaking the Dutch language. Three subjects from the pilot study were included. For the third generation group, participants had to be born in the Netherlands, speak the Dutch language and have grandparents born before 1945. Five subjects from the fourth generation were included because they were considered valid due to their proximity in terms of age. Seven subjects from the pilot study were also included. Applicable to the whole sample, people with more than 5% of missing values in emotion scores and those who filled the survey in less than 23 minutes were systematically excluded (38 participants in total). The length of the clip (16:34 minutes) plus seven minutes to answer the questions, as tested in the pilot, had proven to be enough.

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Among a total sample of 33 participants in the first generation group, 15 were women (45.45%) and 18 men (54.54%), with a mean age of 82.97 years ($SD = 6.659$), 26 of them (78.78%) born in the Netherlands and 7 (21.21%) born in the Dutch East-Indies. Regarding education, 7 participants have finished up to primary school (21.21%), 11 secondary education studies (33.3%) and 15 college/university studies (45.45%). Among a total sample of 67 participants in the third generation group, 54 were women (80.6%) and 13 men (19.4%), with a mean age of 23.16 years ($SD = 7.975$), all of them born in the Netherlands. Regarding education, one participant has finished up to primary school (1.49%), 51 secondary education studies (67.12%) and 15 college/university studies (22.39%).

Instruments

The present work is part of a larger research on the psychological impact of collective commemoration after war, genocide and disaster, and some of the instruments designed for this project have been used.

The demographics we asked for were gender, age, what generation after WWII they belong to, education level and in what country were they born.

Participants were asked if they experienced war themselves and the given options were 1) no, 2) yes, in Europe, 3) yes, in the Dutch East-Indies, 4) yes, I was sent as a soldier (which could be specified), 5) yes, in my home land, and 6) yes, in another situation (specify). They were also asked whether they experienced any traumatic events during war in a dichotomic “yes/no” question. There was a question regarding the loss of a close person that, if answered affirmatively, could be specified as 1) a family member, 2) a friend, 3) a colleague, or 4) others, which could be specified.

Emotions were measured based on the PANAS-X subscales (Watson & Clark, 1994), using a visual analogue scale (VAS) composed by five positive emotions, namely inspired,

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happy, concentrated, proud and calm, and five negative emotions, namely afraid, angry, ashamed, sad and downhearted. These measures were made right before and after the visualization of the short clip about the Remembrance Day, and scores were rated from zero to a hundred. The VAS is a validated scale (Luria, 1975) used to have a precise quantification of each one of them, since it is more sensitive than using labelled categories (Aitken, 1969). We calculated the total scores for the pre positive emotions ($\alpha = 0.718$), post positive emotions ($\alpha = 0.650$), pre negative emotions ($\alpha = 0.808$) and post negative emotions ($\alpha = 0.823$), each one rating from zero to five hundred.

Personal memories were measured through two items after the visualisation of the clip (“the visualisation of the commemoration brought up personal memories related to war” and “the visualisation of the commemoration made me think about shocking events that me or my loved ones experienced during war”), ranging from 1 (not at all) to 5 (extremely). The total score was calculated ($\alpha = 0.627$) and ranged from 2 to 10.

As a manipulation check, we asked before de clip about the degree of agreement between the participants’ reaction to the clip and the real commemoration. The first item was “in comparison to the real commemoration, my emotional reaction to the clip was”, which ranged from 1 (much less intense) to 5 (much stronger). The second item was “during the two minutes of silence on the clip, have you commemorated the same way as you would during the commemoration on 4 May?”, which ranged from 1 (not at all) to 5 (very much).

The presence and intensity of PTSD symptoms was assessed through the PTSD Checklist for the DSM-5 (PCL-5) (Weathers, Litz, Keane, Palmieri, Marx, & Schnurr, 2013) and the symptoms are measured by the degree of agreement with twenty statements. It is a self-reported measure of the twenty symptoms of PTSD according to the fifth version of the Diagnostic and Statistic Manual of mental disorders (DSM-5) (APA, 2013). The items are

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scored from 1 (not at all) to 5 (extremely). The total score was calculated ($\alpha = 0.937$), which ranged between 20 and 100. A score above 53 means that further assessment should be done to confirm a PTSD diagnosis (based on Weathers et al., 2013).

Finally, the degree of participation was checked by asking subjects whether they participated last year in any activities related to the commemoration. They were given six options, with the possibility of choosing more than one: 1) I physically attended a local commemoration, 2) I followed it on the radio, TV or online, 3) I participated in the two minutes of silence, 4) I talked to others about it, 5) I did not do anything, and 6) others, specify.

Data Analysis

We first checked that the dependent variables were normally distributed. As the sample size was small, we used the Shapiro-Wilk test. We then performed a mixed ANOVA to see whether the commemoration influenced emotion scores on both generations and whether it had a stronger effect on the first generation as previously hypothesized. Finally, a multiple regression analysis was performed to see whether the presence of personal memories and PTSD symptoms could predict the increase in negative emotion scores. Due to the large number of hypotheses tested, we followed a strict control on the multiple comparison problem by applying a Bonferroni correction to reduce the presence of false-positive results.

Results

Descriptives

Among first generation participants, 78.8% experienced the war in Europe, and 21.2% in the Dutch East-Indies (see frequencies on Table 1). Furthermore, 69.7% experienced at least one traumatic event during those years. PTSD symptoms were only present among the first generation and the mean score on the PCL-5 was below the threshold proposed by Weathers et al. (2013) (see Table 2 for Means and SD), which indicates absence of PTSD diagnosis in all

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cases. On personal memories, first generation generally stated a moderate presence of personal memories ($M = 6.7$, $SD = 2.4$), whereas third generation in general responded with “a little bit” ($M = 4.2$, $SD = 1.9$). Regarding the degree of agreement between the emotional reaction experienced during the real commemoration and the one experienced during the visualisation of the clip, both groups experienced it as less intense during the clip. Again, concerning the degree of agreement, both generations commemorated the two minutes of silence during the clip “reasonably the same way” as they would during the real commemoration. Finally, there was a high degree of participation in last year’s Remembrance Day through different activities among both first (93.9%) and third generation (91%). Frequencies are depicted in Table 1. The percentages are not cumulative since participants could give more than one answer at the same time. Almost everyone amongst first and third generation participants (84.8% and 91%, respectively) participated in the two minutes of silence.

Table 1

Frequencies on Experienced War, Traumatic Events, Loss and Participation

Factor	First generation		Third generation	
	n	%	n	%
War	33	100	1	1.5
Europe	26	78.8		
Dutch	7	21.2		
East-Indies				
Soldier			1	100
At least one traumatic event	23	69.7	1	1.5
Lost someone	17	51.5	2	3
Family member	14	82.3	2	100
Friend	1	5.9		
Colleague	1	5.9		
Parent’s friend	1	5.9		
Participation	31	93.9	61	91
Physically attended	4	12.1	6	8.9
Radio, TV or online	20	60.6	43	64.2
Two minutes of silence	28	84.8	61	91
Talked about it	14	42.4	42	62.7

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Table 2

Means and Standard Deviations on PTSD Symptoms, Personal Memories and Degree of Match between Real and Clip Commemoration

Measure	First generation		Third generation	
	M	SD	M	SD
PCL-5	31.4	14.5	20	.0
Personal memories	6.7	2.4	4.2	1.9
Match emotional reaction	2.2	1.1	1.8	.9
Match two minutes silence	3.2	1.2	3	.9

Main Effect of Time on Emotions

We hypothesised that there would be a decline in positive emotion scores and an increase in negative emotion scores in both group samples. All effects are reported as significant at $p < .05$. The mixed ANOVA reported a significant increase in negative emotion scores in both groups, $F(1, 97) = 91.93, p < .001$ (see Table 3). For a graphic representation see Figure 1 for negative emotions and Figure 2 for positive emotions. As listed in Table 4, the mean on total post scores for both first and third generation was higher than the mean on total pre scores, indicating an increase on negative emotion, and the effect sizes were large ($r = .67$ and $.75$, respectively). There was also a significant decline on positive emotion scores for both groups, $F(1, 97) = 10.97, p = .001$. The pre scores were higher than the post scores and the effect size was medium ($r = .37$). A paired samples t-test (see Table 5) revealed that the decrease on the scores was only significant for the first generation group.

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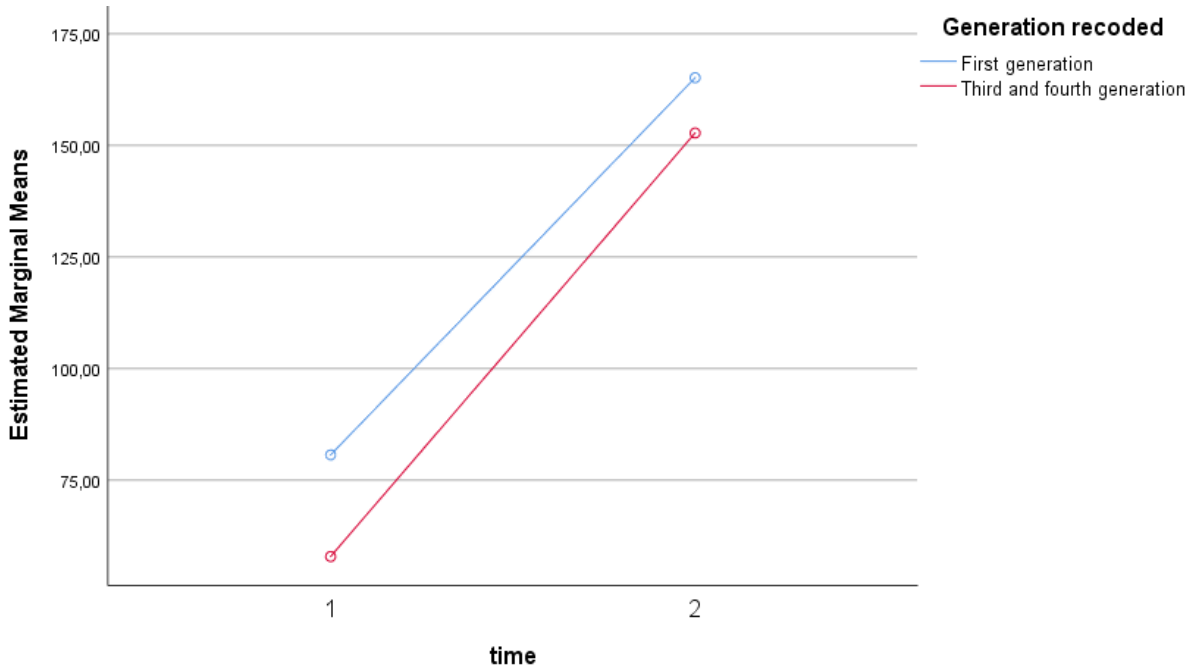


Figure. 1. Graph showing the main effect of time on negative emotion scores.

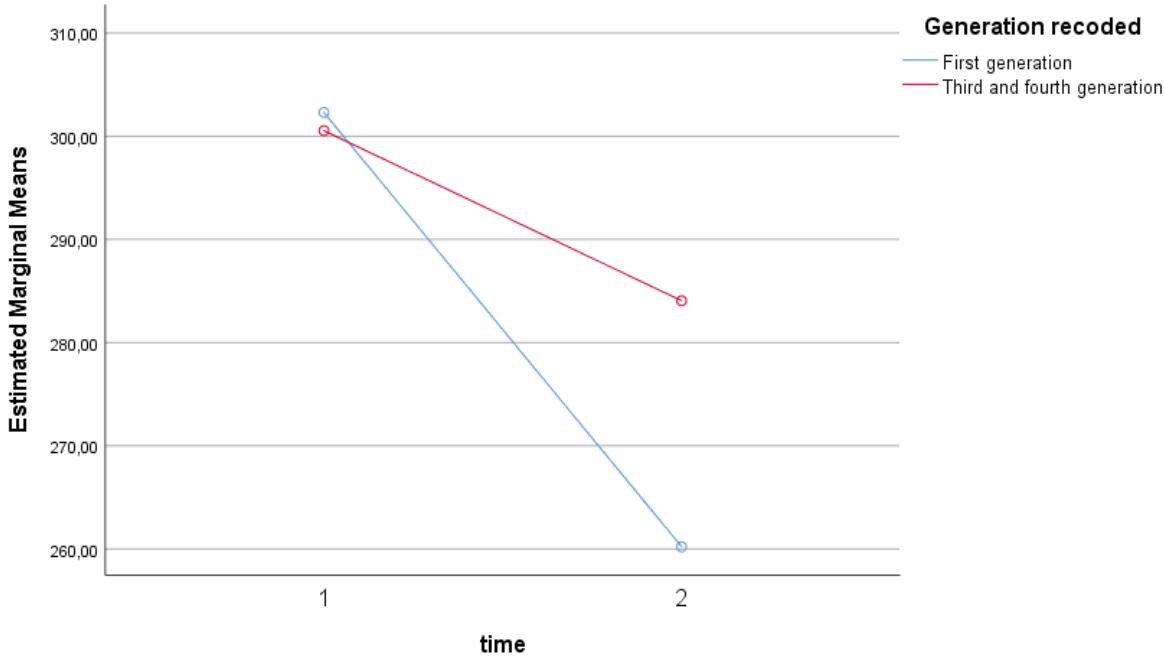


Figure. 2. Graph showing the main effect of time on positive emotion scores.

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Table 3

Mixed Analysis of Variance of Emotion Scores by Generation

Emotions	Source	<i>df</i>	<i>SS</i>	<i>MS</i>	<i>F</i>	<i>p</i>
Negative	Between groups	98	11477.98	11477.98	.98	.32
	Within groups	98	363212.54	363212.54	96.34	.00
Positive	Between groups	98	5390.52	5390.52	.52	.47
	Within groups	98	37911.70	37911.70	9.61	.00

Table 4

Means and Standard Deviations on the Pre and Post Measures of Emotions by Generation

Group	<i>n</i>	Negative emotions				Positive emotions			
		Pre		Post		Pre		Post	
		<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
First generation	33	78.24	88.63	164.64	118.82	302.29	107.18	260.22	111.00
Third generation	67	57.89	64.05	152.76	90.24	300.54	72.38	284.06	67.13

Table 5

Paired Samples t-test Results Comparing the Two Time Measures on Emotions by Generation

Generation	Emotion	<i>M</i>	<i>SD</i>	<i>t</i>	<i>df</i>	<i>p</i>
First	Negative	-86.39	94.74	-5.24	32	.00
	Positive	42.07	117.22	2.06	32	.04
Third	Negative	-94.86	82.73	-9.39	66	.00
	Positive	16.49	71.04	1.90	66	.06

Interaction Between Generation and Emotions

We hypothesized that the decline in positive emotions scores and the increase in negative emotions scores would be stronger in the first generation. As seen in Table 4, there

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was a difference in the means between generations in both pre and post measures on negative emotions. Nonetheless, the mixed ANOVA reported no significant interaction effect between negative emotion scores and generation, $F(1, 97) = .307, p = .581$, and thus we cannot conclude that the increase in positive emotion was statistically different between the first and the third generation. There was also no significant interaction effect between positive emotion scores and generation, $F(1, 97) = 2.470, p = .119$, and thus we cannot conclude that the decline in positive emotion was stronger for any particular group.

PTSD Symptoms and Personal Memories as Predictors of Negative Emotion Increase

A multiple linear regression analysis was performed to test whether PTSD symptoms and personal memories significantly predict the increase in negative emotion scores. Negative emotion scores at the pre measure were entered in Model 1, generation was added in Model 2, and PTSD symptoms and personal memories were entered in Model 3. Model 1 showed significance ($F(1,96) = 5.09, p < .05$). Adding generation in Model 2 did not alter its significance ($F(2,95) = 2.52, p < .05$). In the final model, only the pre scores in negative emotion (Beta = $-.262, p < .05$), but not generation (Beta = $.173, p = .167$), PTSD symptoms (Beta = $.238, p = .065$) and personal memories (Beta = $.08, p = .50$) explained the increase in negative emotion scores. The full regression results are presented in Table 6.

Table 6

Summary of Multiple Regression Analysis for Variables Predicting Change in Negative Emotion Scores

Variable	Model 1			Model 2			Model 3		
	B	SE B	β	B	SE B	β	B	SE B	β
Negative pre scores	-.26	.117	-.224**	-.26	.119	-.224**	-.31	.119	-.262**
Generation				.49	9.4	.005	16.02	11.50	.173
PTSD*							2.07	1.12	.238
Personal memories							2.93	4.32	.081
R^2		.05**			.05**			.102	
F for change in R^2		5.09**			2.52			2.63**	

Note: Negative pre scores, PTSD and personal memories were centered on their total scores.

*Post-traumatic Stress Disorder. ** $p < .05$.

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Discussion

The current study has focused on the emotional impact of a short resume of last year's commemoration of WWII victims in the Netherlands to investigate the influence of commemoration on individuals. We hypothesized that first generation participants would experience a greater increase in negative emotional states and a greater decline in positive emotional states after watching the clip. The mixed ANOVA revealed that both groups experienced a significant increase in negative emotions. Contrary to what was expected, even though first generation showed a higher average on both pre and post measures, there was no significant difference in the increase of negative emotion scores between the groups. Regarding the positive emotions, the ANOVA reported no significant differences between groups, whereas the paired t-test outlined a non-significant decline for the third generation group. The contradictory results point out the need for further examination with a bigger sample to be able to draw clear conclusions about the impact of commemoration on positive emotion within different generations. A possible explanation for these results is that, in Dutch society, intra-familial sharing of WWII experiences is culturally common, which enhances the awareness of the importance of such event and the commitment towards commemoration. This could ultimately lead to the high participation rates among both generations and would explain the similar sensitivity to change in emotion throughout generations during public remembrance. Nevertheless, this explanation is a hypothesis that should be further tested.

We also examined the predictive power of PTSD symptoms and personal memories for the increase in negative emotion. PTSD symptoms were only present among first generation. This could be because PTSD symptoms can develop after traumatic experiences (APA, 2013) and "to have experienced at least one traumatic event due to war" was more frequent among people from the first generation (69.7%). We expected PTSD symptoms to be a predictor of the

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increase in negative emotion since some studies (Hilton, 1997; Amen, 1985; Chow, 2010) reported the role of previous PTSD symptomatology in sensitizing individuals to events that echo the original trauma. On the contrary, we found that PTSD symptoms were not a significant predictor. An explanation for these findings could be that, as reported, PTSD symptoms were under the threshold for PTSD diagnosis, and therefore not powerful enough to be able to detect their influence on altering sensitivity to emotional change. It would be interesting to further explore this issue in a sample with more symptoms. Further, we measured if the clip evoked either personal memories of war or memories of the experience of a loved one. They were moderately present in both groups, which would explain the similar reaction to the clip from both generations as explained above, and the analysis revealed that their presence was not a predictor of the increase in negative emotions. This finding could mean that in Dutch society being aware of traumatic history is a shared value that is effectively transmitted to next generations, which makes them equally sensitive to commemoration. Further research is needed to explore the role of personal memories in sensitizing individuals with different types of connection to the war.

Strengths and Limitations

A first limitation of this study is that the current results are based on comparisons between a small third generation group and a first generation group that is half the size of that one. We must be careful when drawing conclusions from studies with a small sample size, and especially when generalizing them to the general population. For future research, a larger sample size and to include more people from first generation and have equivalently sized groups would be needed to reach robust results. This is a challenging task since a lot of people from first generation have perished already due to old age, and because some of them cannot handle certain tasks such as questionnaires or long sessions for questions. Moreover, as the third

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generation sample were predominantly students, we suggest to broaden the background and include a higher percentage of non-students. It could be interesting to include comparisons with a second generation group to have a more complete picture of the influence of commemoration on society. A second limitation is that the generalization of these results is limited since participants experienced the recorded commemoration less intensely than the real one. This fact reflects again the importance of further examining this topic because although the experience was less intense, the impact on emotion was significant, and perhaps the real, more intense commemoration could have even a greater impact. As a third limitation, we have only measured emotions right before and after the visualisation of the commemoration and we have found a short-term impact on emotion, but we do not know about the long-term consequences. Some of the mentioned studies report benefits of collective rituals that develop slowly such as restoring the damaged sense of community after war and disaster (Barbara, 2003; Páez & Basabe, 2007), strengthening social bonds (Rimé, 2007) and reinforcing the strength of the individual (Rimé, 2005). Longitudinal studies spanning over longer time periods could be useful to determine to what extent the long-term benefits of commemoration compensate the short-term impact in emotion. Finally, we cannot draw conclusions regarding the valence of the impact of commemoration on emotion. This is because, although negative emotions are often regarded as undesirable, they play an important role in grief, necessary for the processing and accommodation of loss (Bonanno, Goorin, & Coifman, 2008). Measuring an increase in negative emotion does therefore not necessarily mean that commemoration is problematic but could instead be a sign that people are successfully working towards recovery.

Conclusions

Despite not having found any differences between groups it appeared clear that commemoration increased negative affect among people from different ages. Therefore, the

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current findings highlight the need for further examination on commemoration and social rituals due to their role in the process of mourning and healing after collective trauma such as war and genocide. Only if we unravel the mechanisms through which collective remembrance is beneficial we can review how society deals with collective trauma, and offer insights regarding the best practices for commemoration in order to decrease its invasiveness in people who are likely to be harmed from it and to boost its effectivity in the process of healing. It seems to be that both first and third generation are highly involved in commemoration, which is important to consider because, through practices such as collective remembrance, the memory and impact of past events can last and extend throughout generations. Thus, we need to understand the meaning and relevance of these practices.

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