

THE EFFECTS OF VISITING THE VIETNAM VETERANS MEMORIAL ON
ADJUSTMENT TO BEREAVEMENT

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In Partial Fulfillment of the
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Master of Science

by

MARIA DORSEY

Mr. David Vaught, M.S., Thesis Supervisor

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The undersigned, appointed by the Dean of the Graduate School,
have examined the thesis entitled

THE EFFECTS OF VISITING THE VIETNAM VETERANS MEMORIAL ON
ADJUSTMENT TO BEREAVEMENT

Presented by Maria Dorsey

A candidate for the degree of Master of Science

And hereby certify that in their opinion it is worthy of
acceptance.

Mr. David Vaught, M.S.

Dr. Randy Vessell

Dr. Alex Waigandt

DEDICATION

We don't accomplish anything in this world alone and I thank my husband Lance for his support and encouragement throughout this challenging process. Thank you mom and Mary Ellen for taking the journey to Washington, D.C. and experiencing the sacredness of the Wall with me. Finally to all the people who lost a loved one from the Vietnam War, I dedicate this study to you in hopes that you may find healing from your great loss.

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TABLE OF CONTENTS

ACKNOWLEDGEMENTS..... ii

LIST OF TABLES..... v

Chapter 1..... 1

 Introduction..... 1

 Subproblems..... 4

 Hypotheses..... 5

 Limitations..... 5

 Delimitations..... 5

 Definitions..... 6

 Need for Study..... 8

Chapter 2..... 9

Literature Review..... 9

 Public Memorials..... 9

 History of the Vietnam Veterans Memorial..... 10

 The Healing Wall..... 13

 PTSD & Vietnam Veterans..... 14

 Grief Theory..... 15

 Grief Rituals..... 16

 Summary..... 19

Chapter 3..... 21

Methodology..... 21

 Introduction..... 21

 Research Design..... 21

 Participant Selection..... 21

 Questionnaire..... 22

Data Collection.....	30
Statistical Analysis of Data.....	32
Chapter 4.....	34
Results.....	34
Introduction.....	34
Aspects and Outcomes.....	43
Additional Statistical Testing.....	43
Chapter 5.....	45
Conclusions and recommendations.....	45
Conclusions.....	45
Outcomes.....	46
Recommendations.....	47
References.....	49
Appendix A.....	52
Appendix B.....	56
Appendix C.....	58
Appendix D.....	61

LIST OF TABLES

TABLE	PAGE
1. ASPECTS OF ACTIVITIES BY CATEGORY.....	24
2. CHANGES MADE TO CASTLE AND PHILLIPS (2003) BEREAVEMENT ACTIVITIES QUESTIONNAIRE.....	26
3. CODING FOR QUESTIONNAIRE.....	29
4. SCHEDULE OF DISTRIBUTION OF QUESTIONNAIRES.....	31
5. SCHEDULE OF DISTRIBUTION OF QUESTIONNAIRES.....	32
6. STATISTICAL MEASURES FOR INTERVAL AND NOMINAL DATA.....	33
7. DESCRIPTIVE STATISTICAL ANALYSIS OF GENDER.....	34
8. DESCRIPTIVE STATISTICAL ANALYSIS OF AGES.....	35
9. DESCRIPTIVE STATISTICAL ANALYSIS OF RACE/ETHNICITY.....	35
10. DESCRIPTIVE STATISTICAL ANALYSIS OF RELATIONSHIP TO THE DECEASED.....	36
11. DESCRIPTIVE STATISTICAL ANALYSIS OF VETERAN STATUS.....	36
12. ASPECTS OF RITUAL ACTIVITIES, SORTED BY AVERAGED RANKING..	37
13. ASPECTS OF ACTIVITIES BY CATEGORY, SORTED BY AVERAGED RATINGS.....	38
14. OUTCOMES OF PERFORMING RITUALS, SORTED BY AVERAGED RATINGS	42

Chapter 1

Introduction

The Vietnam Veterans Memorial (VVM), dedicated on November 13, 1982, has provided visitors the opportunity to pay homage to the Vietnam War Veterans. The memorial is a black granite wall inscribed with the names of the 58,200 soldiers who died or are Missing In Action. In 2004, approximately 3.8 million people visited this site which makes it one of the most visited memorials in Washington D.C. (National Park Service, 2006). The Moving Wall, a portable replica of the VVM, has traveled around the United States since it made its first debut on October 11, 1984. Both the VVM and the Moving Wall have become locations for those who wish to publicly mourn their losses incurred by the Vietnam War. According to Theriault (2003) the VVM has become an agent of healing in which "individuals, families, and much of government and society have healed through a process of 'remembering'" (Theriault, p. 421).

The Vietnam War era was a turbulent time that divided the United States culturally. As a result of the Vietnam War, Americans were faced with both loss of life and loss of trust in their government. Although each American had his or her own personal reaction to the war, almost everyone within this group of Americans developed an injured self-image. This injured self-image is evident in the reluctance of the United States government to memorialize the Vietnam War. "Why would anyone want to build a memorial to losers?" asked one pentagon official (Theriault, 2003, p.422). Despite such opposition, Jan Scruggs,

a Vietnam Veteran, led the movement to create a memorial to pay tribute to those who fought in the Vietnam War (Hass, 1998). On November 13, 1982 Scruggs' effort was realized with the opening of the VVM (National Park Service, 2006).

The Vietnam Veterans Memorial was initially built to remember the military service members that fought in the Vietnam War. The memorial itself has become a shared linking object which functions as a focal point that Americans associate with their wish to complete the mourning loss and to help them accept the reality of their loss. In addition, the memorial has functioned as an object that has kept the mourning process active (Volkan, 2003). Since the memorial's opening, Americans have made pilgrimages to the VVM so they may accept their loss. Linenthal, a professor of religious studies at the University of Wisconsin, during an interview stated that with the advent of the new memorial, "the memory of the event will be as transforming as the event itself and as humanizing as the event was dehumanizing" (Rosenblatt, 2000, p. 4). Vietnam Veteran Forrest Brandt's testimonial epitomizes this idea:

The Wall has compelled us to help each other come home, veteran and non-veteran, soldier and protester, arm-in-arm as Americans on this sacred piece of ground. Perhaps it is because, like me, other veterans have allowed The Wall to open up the doors they have held closed for so long. The reason doesn't matter. The reality of a healing wall does. (Brandt, 2005, p. 1)

Literature that supports the healing effects of the VVM include Palmer's (1988) book *Shrapnel in the Heart: Letters and Remembrances from the VVM* and Hass's book *Carried to The Wall: American Memory and the Vietnam Veterans Memorial* (1998). Both books focus primarily on the letters and the offerings left on site as evidence of visitor healing. Palmer stated that that she is "convinced that the wall finally has allowed these people to mourn"(Palmer, 1988, p. 62). Hass (1998) acknowledged that the offerings left at the VVM are evidence that visitors are taking part in an active mourning process that is best illustrated by this anonymous note left at the VVM:

Dear Smitty, Perhaps, now I can bury you; at least in my soul. Perhaps, now I won't see you night after night when the war re-appears and we are once more amidst the myriad hells that Vietnam engulfed us in ... I never cried. My chest becomes unbearably painful and my throat tightens so I can't even croak, but I haven't cried. I wanted to, just couldn't. I think I can today. Damn, I'm crying now. Bye Smitty. Get some rest. (Hass, p. 8)

Research has been conducted on Vietnam Veterans experiencing Posttraumatic Stress Disorder (PTSD) to study the effects of varying therapeutic treatments. One technique requires the subject to be exposed to symbols and experiences associated with the Vietnam War. In 1995 a study was conducted in which 31 veterans were taken to the VVM. Prior to the visit, all but four of the participants produced scores on the Mississippi Scale for Combat-Related Posttraumatic Stress

Disorder that met the study's criteria for PTSD diagnosis. "The Mississippi Scale consists of 35 5-point self-ratings on symptoms and emotions listed by the DSM-III-R as describing PTSD or behaviors associated with it" (Watson, Tuorila, Detra, Gearhart, & Wielkiewicz, 1995, p. 316). Although the initial reports looked promising in which there was a short-term reduction in several PTSD symptoms, there was an absence of improvements in the 6-month follow-up. This study was unable to ascertain what aspects of the visit to the VVM provided the short-term benefits. The study recommended that further research needed to be conducted to determine the aspects of the visit that proved most beneficial to the Vietnam Veterans experiencing PTSD (Watson, Tuorila, Detra, Gearhart, & Wielkiewicz, 1995).

The Vietnam Veterans Memorial has become a place for Americans to come and mourn their losses incurred by the Vietnam War. Evidence has supported the idea that this site plays a vital role in providing Americans the opportunity to mourn. Current research on grief theory and rituals may prove beneficial in understanding the importance of providing public places for Americans to grieve loss. This study's purpose will be to examine the rituals performed at the VVM and determine their effect on bereavement in American visitors.

Subproblems

The purpose of this study will be completed through the following subproblems: 1) To describe visitors 2) To determine what aspects are needed in order for the ritual of visiting the VVM to be considered successful 3) To determine the effects of

the performed rituals on visitors who are mourning loss from the Vietnam War.

Hypotheses

(1) Performing grief rituals at Vietnam Veterans Memorials can facilitate adjustment to bereavement, (2) that there are certain aspects that are more beneficial to visitors, and (3) the performance of grief rituals at Vietnam Veterans Memorials can have significant benefits for visitors.

Limitations

This study has the following limitations: The Vietnam Veterans Memorial and the Moving Wall were the only sites surveyed so that this study's findings may not be applicable to all public memorials. Questionnaires were distributed at the VVM and the Moving Wall to visitors post-visit in which there was less control in obtaining the completed surveys. Visitors at the Moving Wall were instructed to mail in completed questionnaires, which resulted in less control of receiving the completed questionnaires. There were no follow-up questionnaires distributed so results were unable to indicate long-term affects on visiting this site. This study's results are limited as a result of the small sample size.

Delimitations

Research was conducted at the Vietnam Veterans Memorial and the Moving Wall. Research was conducted during August and October of 2005. Questionnaires were distributed to only adult United States citizens who have experienced a death

from the Vietnam War. Individuals surveyed were self-motivated to visit the Vietnam Veterans Memorial and the Moving Wall.

Definitions

Agent of healing - Objects such as memorials that facilitates people's ability to accept loss.

Disenfranchised grievers -bereaved individuals who are unable to participate in or benefit from rituals of bereavement may either be cut off from the social validation of transition rituals, or have rituals of transition imposed on them without the benefit of prior transformation. These types of experiences can lead to disenfranchised grief. (Romanoff & Terenzio, 1998, p. 704)

Grief rituals - "Rituals that are related to the death of a loved one, specifically rituals performed after the funeral"(Castle & Phillips, 2003, p. 43).

Heal - The ability to accept loss from a traumatic event.

Linking Object - "Item chosen by an adult mourner that unconsciously represents a meeting ground for the mental image of the lost person or thing and the corresponding image of the mourners i.e. monuments"(Volkan, 2003,p.12).

Motivation - purpose-directed behavior

Mourning - For the purpose of this study, mourning will be defined as the "active processes of coping with bereavement and grief"(Servaty-Seib, 2004, p. 126).

Moving Wall- replica of the original Vietnam Veterans Memorial in Washington, D.C. that is transported across the United States (Stegmaier, n.d.).

Personal loss - An event such as the death of a loved one that negatively impacts an individual's psyche.

Pilgrimage - A journey to a sacred site in order to mourn or pay homage.

Post-Traumatic Stress Disorder (PTSD) - "A psychiatric disorder that can occur following the experience or witnessing of life threatening events such as military combat. People who suffer from this disorder often relive the experience through nightmares and flashbacks. Symptoms can significantly impair the person's daily life" (National Center for PTSD, 2003, p. 1).

Public location - Area in which people are allowed to assemble.

Public memorial - Physical site that allows people to congregate and mourn a shared loss.

Re-member - "re-engage individuals, families, and much of the government and society through the process of remembering that address a physical, psychosocial, and intellectual trauma" (Therriault, 2003, p. 421).

Ritual - "a conventionalized joint activity given to ceremony, involving two or more persons, endowed with special emotion and often sacred meaning, focused around a clearly defined set of social objects, and when performed confers upon its participants a special sense of the sacred and the out-of-the-ordinary" (Castle & Phillips, 2003, p. 43).

Self-Image - "Refers to an individual's perception of what he/she is like" (Turner, Schenk & Holman, p. 613).

Vietnam War era - Time period of 1964-1975 in which the United States was in conflict with Northern Vietnam (Public Broadcast System, 2005).

Vietnam Veterans Memorial (VVM) - Memorial located in Washington, D.C. that includes a black granite wall inscribed with the names of those who died or are considered missing in action from the Vietnam War.

Need for Study

The lack of grief rituals performed in the United States has created a culture that is ill equipped to heal from loss (Romanoff & Terenzio, 1998). The ritual of visiting the VVM has allowed American visitors the opportunity to mourn the deaths of loved ones that were incurred by the Vietnam War. Additional research is needed to understand what aspects of the visit to the Vietnam Veterans Memorial positively effects the outcomes perceived by the visitors. Through determining these aspects, the ritual of visiting public memorials similar to the VVM could serve as a powerful tool for mental health providers to incorporate in their therapeutic practice.

Chapter 2

Literature Review

Past studies have examined the healing effects of the VVM on American visitors (Coleman, 2002; Watson, Tuorila, Detra, Gearhart, & Wielkiewicz, 1995). Contributing literature to this study is divided into six sections: (1) public memorials; (2) history of the VVM and the Moving Wall; (3) a dissertation on the healing effects of the VVM; (4) a PTSD study on Vietnam Veterans; (5) grief theory; and (6) grief rituals. This literature provides an understanding of the purpose and need for this study.

Public Memorials

Following World War I, there was an increase demand to build public memorials in the United States to honor those that served and died in war. Public figures consciously shortened their public mourning in order to keep morale high during World War I, which led to abbreviated and stoic public mourning for the masses (Daines, 2000).

The second change in the United States was the falling infant mortality rate during the late 19th century in which parents were now emotionally unprepared for the death of their children. Parents, whose children were killed in World War I, were now in a society that no longer recognized public expressions of mourning and its formal rituals. Consequently, these parents never fully healed from the death of their sons (Daines, 2000). The public memorials that were built post-World

War I, attempted to fill the societal need of providing rituals that allowed Americans to publicly mourn and heal.

History of the Vietnam Veterans Memorial

In order to understand the significance of the VVM to the United States, it is important to understand the Vietnam War's effect on the Americans that served in the military as well as the civilians that remained at home.

After North Vietnamese torpedo boats reportedly attacked U.S. destroyers in the Gulf of Tonkin on August 2, 1964, President Johnson ordered retaliatory air strikes (Public Broadcast System, 2005). On August 7th Congress approved the Gulf of Tonkin resolution that gave authorization to the president to take "all necessary measures" to win in Vietnam. This Resolution allowed President Johnson to wage all out war against North Vietnam without ever securing a formal Declaration of War from Congress (Public Broadcast System).

In 1965, the first American combat troops were sent to Vietnam to fight the communist regime of North Vietnam in order to maintain an independent South Vietnam (Public Broadcast System, 2005). As the war progressed, disillusioned Americans began to protest against the war and demanded the removal of the United State's military from Vietnam. In addition, these protesters in their condemnation of the United States' government also condemned the American military that served in this conflict (Isaacs, 1997).

Many military service men and women arriving home from fighting in Vietnam were met with hostility and made to shame

about their service (Therriault, 2003). As a result, the Vietnam Veterans were not able to discuss and reminisce about their experience of loss in combat. The stigma that surrounded the combat deaths of the Vietnam Veterans created disenfranchised griever. Denied communal support in their grief, Americans who experienced loss from the Vietnam War were unable to reach successful grief resolution (Romanoff & Terenzio, 1998). In order to obtain grief resolution the community must "extend its boundaries to sanction the relationship, to allow the disenfranchised griever to publicly take their place in the community of mourners and acknowledge the legitimacy of their loss" (Romanoff & Terenzio, p. 705).

In the spring of 1979, after watching the movie *The Deer Hunter* about a Vietnam Veteran, Jan Scruggs also a Vietnam Veteran became inspired to lead a movement to build a memorial that would list the names of all the military who were either killed or Missing In Action (MIA) from the Vietnam War (Scruggs & Swerdlow, 1985). Initially, Scruggs proposal was met with a lackluster response. A month after holding a press conference to announce his plans to begin fundraising efforts, Scruggs raised only \$142.50. Americans still struggling to come to grips with the aftermath from this war were hesitant to publicly memorialize this event (Scruggs & Swerdlow).

Fortunately, the Vietnam Veterans Memorial Fund began attracting powerful political leaders such as Senator John W. Warner (R-Va.) and former President Gerald Ford and with their

support was able to break ground on a vacant lot in the Washington D.C. Mall on March 26, 1981(Scruggs & Swerdlow).

The Vietnam Veterans Memorial Fund initially struggled in the selection of a memorial design but ultimately decided to hold an open competition that would be judged by an expert panel of prominent leaders in the fields of sculpture and landscape architecture (Therriault, 2003). The contest stipulated that entering designs must not make a political statement and must promote healing (Scruggs & Swerdlow, 1985). The memorial's mission was to fulfill the emotional needs of those directly affected by the Vietnam War as well as to stimulate and educate future generations who were not directly affected by this war (Scruggs & Swerdlow).

On May 6, 1981, during a press conference, Maya Ying Lin's unanimously chosen design was revealed to the public (Scruggs & Swerdlow, 1985). The winning design met initial resistance from Vietnam Veterans, the press, and art critics who were disturbed by the minimalist design and the fact that the chosen designer was a civilian Asian woman (Therriault, 2003). Undeterred by this criticism, the Vietnam Veterans Memorial Fund continued with Maya Lin's design and on November 13,1982, the memorial was dedicated (Scruggs & Swerdlow).

Two angled wings measuring 246 feet reach towards the eastern Washington Monument and the western Lincoln Memorial in the Washington, D.C. Mall. Slabs of black granite from India were set in the earth with 70 panels inscribed with the names of the dead and MIA Vietnam Veterans in the chronological order by

death date (Therriault, 2003). The memorial's design invites visitors to come and take part in a journey that allows them to heal. The letters and offerings collected by the National Park Service demonstrate that visitors are emotionally moved by the VVM and indicate that healing takes place at this site (Hass, 1998).

After attending the dedication to the VVM in February of 1983, Devitt, Haver, and Shears were inspired to create a portable replica of the memorial that would provide a similar experience to Americans who were unable to visit the VVM in Washington D.C. (Stegmaier, n.d.). On October 11, 1984 the Moving Wall made its first appearance in Tyler Texas. Since the first inception of the Moving Wall, additional organizations have built replicas that have been brought to many communities around America to mourn and pay homage to the Vietnam War Veterans.

The Healing Wall

Coleman's (2002) analyzed the healing effects of the VVM on visitors from a Jungian psychological perspective. Jungian psychology believes that when the unconscious is made conscious the ego of the individual becomes stronger and promotes psychological growth (Coleman). The design of the wall allows visitors the opportunity to experience a mythological journey to the underworld in which individuals must face trials and hardship in order to become psychologically whole (Coleman).

Coleman's purpose was to learn what motivated visitors to leave letters and offerings at the VVM. The study's data

included the collection of letters and offerings left at the VVM that are stored at the National Park Service storage facility in Maryland. Coleman focused on the therapeutic benefits of the letter writings and the impact on the bereavement of the letter writers. In addition, Coleman made several visits to the memorial and observed the visitors as well as her own personal reaction to the wall. Coleman's study was further supported by Palmer's (1988) book entitled *Shrapnel in the Heart: Letters and Remembrances from the Vietnam Veterans Memorial*. Palmer traced the authors' letters left at the VVM and conducted interviews with these people. These letters and interviews indicated that visitors are motivated to come to this site to mourn and are able to heal from the losses sustained by the Vietnam War (Palmer).

Through critical analysis of the collected data using Gestalt theory in which change and growth of the individual is emphasized, Coleman concluded that healing does take place at the VVM but was unable to answer to the mechanics of why.

PTSD & Vietnam Veterans

Watson, Tuorila, Detra, Gearhart, and Wielkiewicz (1995) examined the effects of a Vietnam Veterans Pilgrimage on Veterans diagnosed with PTSD and explored the therapeutic benefits of exposing individuals to real-world symbols or reminders of the Vietnam War.

The study's sample included 31-male Vietnam Veterans who were clinically diagnosed with PTSD. The subjects were administered the Mississippi Scale for Combat-Related PTSD prior

to their 5 day bus trip to the VVM and 2.5 days after they left Washington, D.C. In order to gain long-term results, a follow-up evaluation was administered at 6-months post-trip. The activities performed during the pilgrimage were attendance of a 4-hour re-dedication ceremony and two unstructured visits at the VVM. Subjects were randomly assigned to groups of two to three in order to provide emotional support to one another while on site.

The 2-day follow-up evaluation determined that there was a significant improvement on the Mississippi Scale, which translated to a reduction of PTSD symptoms in the study's subjects. In contrast the 6-month evaluation failed to yield any significant change from the initial assessment. The subjects' initial improvement at the 2-day follow-up evaluation was short-term. The results concluded that exposing subjects to symbols provided no long-term reduction in PTSD symptoms.

Limitations that may have effected the study include the moderate sample group in which there was no non-treatment control group to compare treatment results. In addition, therapeutic attention on the trip, support from other subjects in the study, and a break from routine may have led to the short-term improvements in symptoms rather than the exposure to the VVM.

Grief Theory

Elizabeth Kubler-Ross (1969) presented the theory that grief work occurred in five stages of denial, bargaining, anger, despair, and acceptance that were in no set order and could

overlap and repeat. In recent years, theorists have proposed that people who have experienced a death of a loved one never fully recover from the loss. Many people "maintain a timeless emotional involvement with the deceased but this attachment often represents a healthy adaptation to the loss of the loved one (Shucter & Zisook, 1993, p. 25). Furthermore, there are "aspects of grief work that may never end for a significant proportion of otherwise normal bereaved individuals" (Shucter and Zisook (1993, p. 25). "Most, if not all bereaved individuals never totally resolve their grief, and significant aspects of the bereavement process may go for years after the loss, even in otherwise normal patients (Shucter & Zisook, 1993, p. 25).

Middleton, Raphael, Martinek, and Misso's (1993) article focused on the theory of delayed grief. Delayed grief can last from weeks to years. This delayed grief was especially pervasive in individuals who experienced a sudden, unexpected, violent, and untimely death were more likely exhibit a higher degree of unresolved loss. This type of grief has been associated with PTSD.

Grief Rituals

According to Romanoff and Terenzio (1998) rituals allow for self-expression of strong emotions, reduce anxiety, and provide structure that function as healing properties. The increasing trend of limiting the performance of funeral rituals in the United States has led to incomplete grieving and inadequate resolution of grief in Americans (Romanoff & Terenzio).

A study developed by Bolton and Camp (1987) observed pre-funeralization, funeralization, and post funeralization rituals and examined these rituals' potential in facilitating grief work. Pre-funeralization rites were defined as activities such as selection of the casket and type of ceremony that were performed prior to the formal funeral/memorial ceremony. Funeralization rituals were defined as activities that were immediately performed after the ceremony such as gathering for a meal with the bereaved. Post-funeralization rites were defined as activities such as the acknowledgement of sympathy cards and flowers that were performed after the day of the formal funeral/memorial ceremony (Bolton & Camp).

Fifty widowed individuals with the mean age of 55.6 years were interviewed and administered the Affect-Balance Scale and the Attitude Inventory. The results of the study indicated that there was no significant relationship with the amount of ritual practiced and the degree to which the individual was able to achieve adaptive grieving. The study did provide data that post-funeral rituals are conducive in impacting positive grief work. The study recommended that further research be conducted to determine "specific post-funeral symbolic actions under specific grief work conditions"(Bolton & Camp, 1987, p. 351).

Gowensmith (1999) conducted a study on the effects of post-funeral rituals on the adjustment of bereavement. Thirteen participants were interviewed to determine the effectiveness of performing grief rituals on bereavement. The participants in this study had experienced a death of a loved one at least three

months prior to the interview, had performed a grief ritual, and had given consent to take part in this study.

The quantitative results indicated that grief rituals must be personally meaningful to the participant, the development and preparation of the ritual was integral to the success of the ritual, and including others helped support them during the performance of the ritual. Furthermore the study indicated that when strangers were present during the ritual that the ritual was perceived as less beneficial. The study concluded that performing rituals enacted life changes such as a new perspective on life and promoted personal growth.

A follow-up study by Castle and Phillips (2003) expounded on Bolton and Camp's (1987) study on how post-funeral rituals facilitated mourners in their grief process. The study required that all participants have experienced a death of a loved one within three months of the recruitment. Subjects filled out a multiple-choice questionnaire (Bereavement Activities Questionnaire). The study's findings revealed that post-funeral rituals facilitated the grief process. This facilitation of the grief process was seen as positive.

These post-funeral rituals were revealed to be most beneficial in assisting mourners to conduct their grief work: Integrating symbolic elements and objects into the ritual that are meaningful to the bereaved help the mourner to acknowledge the loss of the relationship. Mourners are benefited if the ritual provides an outlet that allows them the comfort of knowing that there is a beginning and an end. By including

others, mourners are reminded that they are not alone in their grief. Post-funeral rituals allow the mourner the ability to communicate with the deceased. Finally, reminiscing with others allows the mourner the ability to deal with past memories of the deceased.

Preceding literature on the VVM has not incorporated the idea that this site allows visitors the opportunity to practice post-funeral rituals. Further research is needed to provide data to determine if the VVM provides visitors the opportunity to practice post-funeral rituals that may result in healing.

Summary

The Vietnam Veterans Memorial invites visitors to heal from the losses resulting from the Vietnam War. Previous research has provided evidence of letters and offerings that indicate Americans are actively mourning at this location (Coleman, 2002). Literature on rituals and their effect on grief have provided insight in understanding that Americans would benefit if they would incorporate post-funeral rituals in their healing process. Unfortunately, the American society is experiencing an absence in rituals that allow individuals to successfully resolve their grief.

The Vietnam Veterans Memorial may provide evidence that there is a movement within the United States to build public memorials that provide Americans the opportunity to perform a post-funeral ritual. Castle and Phillips' (2003) study has included elements of ritual activities shown to benefit individuals who are mourning loss. Additional study is needed to

identify the rituals performed on site and the benefits these rituals may have on visitors who have lost a loved one.

Chapter 3

Methodology

Introduction

The purpose of this study was to determine the effects of visiting a VVM on bereavement. This study on visitors to the VVM used questionnaire data to analyze the self-reported ratings of visitors in the following two groupings: aspects of the visit to the VVM that participants found helpful and positive outcomes from the participants' visit to the VVM. This chapter presents the research design, participant selection, questionnaire, data collection, and method of data analysis.

Research Design

The study was a quantitative assessment that used a quasi-experimental, cross-sectional design that assessed participants at one time in their lives. The questionnaire method was used to collect data for the study. The researcher compared sixteen aspects of activities performed and their effects on visitors' perceived outcomes in dealing with bereavement.

Participant Selection

Participants were solicited from the proximity of the VVM in Washington, D.C. Unaccompanied individuals as well as all individuals within a group were approached to determine if they were qualified to complete the questionnaire. The requirements for the participant to be able to complete this questionnaire included that the participant must be a United States citizen, 18 years of age or older, and have experienced a death from the

Vietnam War. Questionnaires were then distributed to the qualified participants at the VVM. The researcher used convenience sampling to select visitors between August 4, 2005 and August 7, 2005. All visitors were asked to fill out the questionnaire only once. Visitors were asked if they have already filled out the survey if the visitor said yes, then the visitor was excluded from filling out another questionnaire.

To gain additional data a second data collection took place at a Moving Wall from October 17th -October 18th in O'Fallon, MO. Unaccompanied individuals as well as all individuals within a group were approached to determine if they were qualified to complete the questionnaire. The requirements for the participant to be able to complete this questionnaire included that the participant must be a United States citizen, 18 years of age or older, and have experienced a death from the Vietnam War. Questionnaires were then distributed to the qualified participants at the Moving Wall. The researcher used convenience sampling to select visitors between October 16, 2005 and October 17, 2005. All visitors were asked to fill out the questionnaire only once. Visitors were asked if they have already filled out the survey if the visitor said yes, then the visitor was excluded from filling out another questionnaire.

Questionnaire

The multiple-choice questionnaire (see Appendix A) and cover letter (see Appendix B) is designed specifically for this study and is supported by the previous work of Castle and Phillips's (2003) Bereavement Activities Questionnaire (BAQ).

The BAQ was based on Gowensmith (1999) template interview and Castle's 10 years of personal experience with bereavement and post funeral rituals. The preceding research of Gowensmith's dissertation and Bolton and Camp's (1987) study support the results reported by the Castle and Phillips' BAQ. These results reported similar findings, which indicates the reliability and validity of the BAQ questionnaire.

The questionnaire requested information from American adults who have experienced a death from the Vietnam War who are visiting the VVM or the Moving Wall. The purpose of this questionnaire was to obtain information on the effects of visiting the VVM on bereavement.

The questionnaire is divided into two topics of inquiry: the aspects of the visit to the VVM that visitors report in terms of helpfulness and the positive outcomes of visiting the VVM. There are three separate sections for the participant to fill out. Section I has 3 questions, which determined the demographic information of gender, race, and age. These questions helped the researcher gain a better understanding about current visitors to the VVM. Visitors answered one question that determined the relationship with the deceased within the following categories of parent, child, spouse/partner, grandparent(s), sibling, close friend, served together and other relationship. In addition, one question determined if the visitor served in the military during the Vietnam War.

Section II included 16 different aspects of rituals that participants have been performed at the VVM in terms of helpfulness. The Likert Scale (1=very unhelpful to 5=extremely helpful and 6=did not participate in) will determine how helpful participants rated these aspects of their visit to the VVM. The aspects are grouped in the following 5 categories: personal meaningfulness, including others/feeling emotionally safe, sense of sacredness/specialness, using symbolic objects, and other (continuing bonds, etc.). Questions from each category will be averaged to determine the overall score of the category.

TABLE 1

Aspects of Activities by Category

Category/description of aspect of activity

Personal meaningfulness

1. Use of objects that have special meaning.
2. Choosing special people to do visit the memorial with me.

Including others/feeling emotionally safe

1. Being able to share memories of my loved one(s).
2. Being able to express my emotions freely.
3. Feeling supported by other visitors at the memorial.
4. Being with others with whom I feel comfortable with during my visit.

Sense of sacredness/specialness

1. Feeling as though I'm doing something special (not part of everyday routine).
2. Prayers or other religious/spiritual practice as part of

the visit.

Using Symbolic objects

1. Bringing photos to create a sense of the deceased's presence.
2. Bringing keepsakes as reminders of the deceased.
3. Leaving flowers at the site.
4. Leaving letters or poems at the site.
5. Making a rubbing of the deceased name at the Vietnam Veterans Memorial.

Other (continuing bonds, etc.)

1. Feeling that I was doing something that expressed my continuing love for the deceased.
2. Visiting the memorial during a difficult period (holiday, birthday, anniversary, etc.,).
3. Feeling more personally empowered to accept the death of the deceased.

Section III asked the participants to rate 16 possible outcomes that they attributed to performing the rituals at the VVM. These questions were answered in terms of helpfulness. The Likert Scale (1=very unhelpful to 5=extremely helpful) helped determine if the visit to the VVM was reported by participants to be helpful. . A typographical error was noted post-collection. The instructions contained 6=did not do but did not provide a 6 for the participants to circle. Due to the fact that

no participant wrote in 6, the typographical error was determined to not have an effect on the results.

The researcher has modified the following instructions and questions in order to obtain information specific to the Vietnam War and the VVM. Table 2 lists these changes.

Table 2

Changes Made to Castle and Phillips (2003) Bereavement

Activities Questionnaire

Section I Omitted Questions

3. My religion/spirituality

5. This person died

Section I Original Question

4. The person(s) who died was/were my:(please check all that apply)

Section I Revised Question

4. Who do you know that died in the Vietnam War?

Section I Additional Answer

4. served together

Section I Omitted Questions

7. I have participated in the following rituals to help me deal with the death of my loved one(s)

8. I participated in at least one of the activities above primarily to help me deal with my grief:

9. I plan to do other activities in the future:

10. I would recommend some of these activities to others:

Section II Original Instruction

Please check important aspects below of activities you've participated in, and then rate each in terms of helpfulness. (1=very unhelpful, 2=not very helpful, 3=moderately helpful, 4=very helpful, 5=extremely helpful)

Section II Revised Instruction

During your visit today to the Vietnam Veterans Memorial, please rate the following aspects in terms of helpfulness. (1=very unhelpful, 2=not very helpful, 3=moderately helpful, 4=very helpful, 5=extremely helpful), 6=did not do)

Section II Omitted Original Instruction

I found the following aspect(s) of my activity (or activities) to be particularly helpful.

Section II Omitted Responses

- c. sense of the deceased's presence
- d. structure of the activity, such as a well-defined time and place.
- i. making preparations for the activity (planning, electing objects, buying flowers, etc.)
- r. knowing that I have the option to do this activity whenever I want.
- t. a sense of sacredness (such as a "sacred time" and or "sacred space"

- u. knowing that the activity would be of a limited duration.
 - x. other aspect of the activity.
-

Section III Original Instruction

Please check any of the following outcomes of doing activities that apply to you, and then rate them in terms of how strongly you feel that each outcome is a result of performing the activities. (1=strongly disagree, 2=disagree, 3=neutral, 4=agree, 5=strongly agree).

Section III Revision

My visit to the Vietnam Veterans Memorial has helped me in the following ways to: (1=very unhelpful, 2=not very helpful, 3=moderately helpful, 4=very helpful, 5=extremely helpful)

Section III Omitted Original Instruction

One or more of the activities I've performed has helped me to:

Section III Omitted Outcomes

- i. increase my overall physical activity level.
 - p. feel validated that I have gone through one of life's major transitions.
 - t. develop a new perspective on the deceased persons life.
 - u. other outcome(s) from doing activity (please describe briefly):
-

The researcher coded the collected information from each question for statistical analysis. The coding method is shown in Table 3.

Table 3

Coding for questionnaire

Section Number	Question Number	Computer Code
Section I	1	1=male, 2=female
	2	1=Caucasian
		2=African-American
		3=Latino/Spanish
		4=Asian
		5=Other
	3	Written numerical response
	4	1=Spouse/partner
2=Child/children		
3=grandparent(s)		
4=Other		
5=Parent(s)		
6=Sibling		
7=Close friend		
8=Served together		

Section II	5	1=Very unhelpful
		2=Not very helpful
		3=Moderately helpful
		4=Very helpful
		5=Extremely helpful
		6=Did not do
Section III	6	1=Very unhelpful
		2=Not very helpful
		3=Moderately helpful
		4=Very helpful
		5=Extremely helpful

The researcher submitted the questionnaire to the Human Subject Review Board (1049576) at the University of Missouri-Columbia and received approval to distribute the questionnaire. The National Park Service reviewed the questionnaire in June 2005 and gave permission to conduct research from August 4, 2005 until August 7, 2005 (see Appendix C). The National Park service determined the location that the questionnaire would be distributed (see Appendix D).

Data Collection

Questionnaires were distributed to American visitors at the Vietnam Veterans Memorial during August 4, 2005 until August 7, 2005. In order to gain a more representative sample from this population, questionnaires were distributed at different times

each day. Table 4 illustrates the schedule of the distribution of questionnaires to visitors.

Table 4

Schedule of distribution of questionnaires

August 4,2005	3 p.m. to 7:00 p.m.
August 5,2005	8 a.m. to 10:00 a.m.
August 6,2005	10:00 a.m. to 1:00 p.m.
August 7,2005	1:00 p.m. to 3:00 p.m.

The researcher distributed the questionnaires to the Vietnam Veterans visitors. Attached with each questionnaire was a cover letter that identified the study's objective, the importance of participation of the questionnaire, and that all information collected will be held in confidence.

The researcher approached all potential questionnaire applicants by asking the visitor if they would like to complete a questionnaire that focuses on the effects of the VVM on visitors. If they stated no, the researcher thanked them for their time. If the visitor responded that they were willing to participate in the survey, the researcher asked if they have experienced a death of a loved one from the Vietnam War. If they stated no, then the researcher stated that the visitor did not fit the criteria of the study and thanked them for their willingness to fill out the questionnaire. If the visitor had experienced a death from the Vietnam War, the researcher asked if the visitor is an American Citizen and over the age of 18. If the visitor did not answer yes to both questions, the visitor was then informed that they do not fit the study's criteria and

the researcher thanked them for their willingness to fill out the questionnaire. If the visitor responded to being an American citizen who is 18 years or older and has experienced the death of a loved one from the Vietnam War, the researcher then distributed a questionnaire to the visitor to fill out. The questionnaires were distributed to visitors after viewing the VVM in location two that was determined by the National Park Service. The questionnaires were not distributed to visitors who were under the age of 18, not an American citizen, and did not experience a death from the Vietnam War. The participant completed the questionnaire at the VVM and handed the completed questionnaire to the researcher.

Due to the low return of questionnaires from the first data collection, a second collection was added. The second data collection took place in O'Fallon, Missouri during October 16-17th. Visitors who met the study's target group were given a questionnaire with a self-addressed and postage paid envelope and were encouraged to complete and mail the questionnaire.

Table 5

Schedule of distribution of questionnaires

Date	Time
October 16, 2005	4 p.m.-7 p.m.
October 17, 2005	10 a.m.- 1 p.m.

Statistical Analysis of Data

This study presents descriptive analysis of the effects of visiting VVM on bereavement. The researcher calculated all data

analysis using the 2004 Statistical Package for Social Sciences for Windows (SPSS Inc., 2004).

Data manipulations using frequencies were applied to determine the mean of the following categories of personal meaningfulness, including others/feeling emotionally safe, sense of sacredness and specialness, using symbolic objects, and other (continuing bonds, etc.). Frequencies were applied to determine the mean scores of Section III: Outcomes.

The statistical measures that were used to analyze the interval and nominal variables are illustrated in Table 6.

Table 6

Statistical measures for interval and nominal data

	Variables (Question #)	Descriptive Statistics Central Tendency/Variance
Interval Data	(3) Age (5) Aspects of visit to the Vietnam Veterans Memorial	(3,5) Means/Standard Deviation
Nominal Data	(1) Gender (2) Race (4) Relationship (6) Reported outcomes from visit to the Vietnam Veterans Memorial	(1,2,4,6) Frequencies/ Percentages

Chapter 4

Results

Introduction

This chapter will present the results of the research including the questionnaire response rate, collected data and the applied statistical analysis of the data.

Response Rate

Research questionnaires were distributed to visitors to the VVM on site. During the time period of August 4 through the 7th, 292 visitors were asked to fill out the questionnaire. Thirty-three of those 292 visitors met the qualifications to respond to the questionnaire in which 23 gave consent and completed the questionnaire. The contributing factors of hot weather and poor location may have contributed to the low response rate of the first collection. The second data collection occurred from October 16-17th. Thirty-five questionnaires were distributed and of these 7 were completed and returned to the researcher.

Results of the Questionnaire

Descriptive statistical analysis was applied to determine gender, race/ethnicity, age, and relationship to the deceased, and veteran status. Of the 30 participants there were 76.7% male and 23.3% were female.

Table 7

Descriptive Statistical analysis of gender

Gender	Frequency	Percent
Males	23	76.7
Females	7	23.7

The ages of 27 participants ranged from 44 to 72 with the mean age of 56.3 years. Based on descriptive data, age spread was consistent in that there was equal distribution between males and females.

Table 8

Descriptive statistical analysis of ages

	N	Minimum	Maximum	Mean	St. Deviation
Age	27	44.00	72.00	56.2593	6.85337
Valid N	27				

The race/ ethnicities of 29 participants are as follows Caucasian (82.8%), Latino/Spanish (6.9%), Other (Native American (6.9%), and African American (3.4%).

Table 9

Descriptive statistical analysis of race/ethnicity

Race/ethnicity	Frequency	Percent
Caucasian	24	82.8
Spanish/Latino	2	6.9
Native American	2	6.9
African-American	1	3.4
Total	29	100.0

The relationship to the deceased of 29 participants were as follows: Close friend (44.8%, other (34.5%), served together (6.9%, sibling (6.9%), parent (3.4%), and child/children (3.4%).

Table 10

Descriptive statistical analysis of relationship to the deceased

Relationship	Frequency	Percent
Close friend	13	44.8
Other	10	34.5
Served together	2	6.9
Sibling	2	6.9
Child/children	1	3.4
Parent	1	3.4
Total	29	100.0

Frequency of non-Veteran status was 70.0% and Veteran status was 30.0% with 100% participation rate.

Table 11

Descriptive statistical analysis of Veteran status

Veteran status	Frequency	Percent
Veteran	10	30
Non-Veteran	20	70
Total	30	100

Results for Section II: Aspects of bereavement

The first hypothesis predicted that performing rituals at the Vietnam Veterans Memorial could facilitate adjustment to bereavement. Statistical analysis was applied to determine which aspects in Section II were most significant in overall helpfulness of the ritual performed on site. Responses of 6=did not do were filtered out to achieve statistically valid scores.

The mean of each aspect was applied to determine a score in terms of helpfulness.

Table 12

Aspects of Ritual Activities, Sorted by Averaged Ranking

Rank	Description of ritual activity
4.65	Choosing special people to visit the memorial with me.
4.57	Feeling supported by other visitors at the memorial.
4.53	Feeling that I am doing special (not part of everyday routine).
4.46	Making a rubbing of the deceased name at the Vietnam Veterans Memorial.
4.42	Feeling that I was doing something that expressed my continuing love for the deceased.
4.36	Being able to share memories of the deceased with others at the memorial.
4.35	Being able to express my emotions freely.
4.0	Use of objects that have special meaning.
3.87	Bringing photos to create a sense of the deceased presence.
3.87	Visiting the memorial during a difficult period (holiday, birthday, anniversary, etc.,).
3.8	Prayers or other religious/spiritual practice as part of the visit.
3.75	Feeling more personally empowered to accept the death of the deceased.
3.5	Leaving flowers at site.
3.5	Bringing keepsakes as reminders of the deceased.

-
- 3.42 Leaving letters or poems at the site.
 - 3.0 Being with others with whom I feel comfortable with during my visit.
-

Note. 2=not very helpful, 3=moderately helpful, 4=very helpful, 5=extremely helpful.

Statistical analysis was applied to determine which categories in Section II were most significant in overall helpfulness of the ritual performed on site. The mean of each category was averaged to determine an overall score in terms of helpfulness. Including others (4.32), sense of sacredness/specialness(4.17) and personal meaningfulness(4.07) were the three most significant categories in terms of helpfulness. This finding is corroborated by Castle and Phillips' (2003) study that also determined that the categories of including others, personal meaningfulness and sense of sacredness/specialness was most helpful to the participants.

Table 13

Aspects of Activities by Category, Sorted by Averaged Ratings

Rank Category/description of aspect of activity

- 4.32 Personal meaningfulness
 - 4.65 Choosing special people to visit the memorial with me.
 - 4.0 Use of objects that have special meaning.
-
- 4.17 Sense of sacredness/
specialness

4.53	Feeling that I am doing something special(not part of everyday routine).
3.8	Prayers or other religious/spiritual practice as part of the visit.
<hr/>	
4.07	Including others/feeling emotionally safe
4.57	Feeling supported by other visitors at the memorial
4.36	Being able to share memories of the deceased with others at the memorial.
4.35	Being able to express my emotions freely
<hr/>	
4.01	Other (continuing bonds, etc.)
4.42	Feeling that I was doing something that expressed my continuing love for the deceased.
3.875	Visiting the memorial during a difficult period (holiday, birthday, anniversary, etc.,)
3.75	Feeling more personally empowered to accept the death of the deceased.
<hr/>	

3.75	Using symbolic objects	
4.46		Making a rubbing of the deceased name at the Vietnam Veterans Memorial
3.87		Bringing photos to create a sense of the deceased presence.
3.5		Bringing keepsakes as reminders of the deceased.
3.5		Leaving flowers at site.
3.42		Leaving letters or poems at the site.

Statistical analysis was applied to determine if gender affected the response rates on Section II. Males were more likely to respond to the following aspects: being able to express my emotions freely, feeling that I was doing something that expressed my continuing love for the deceased, feeling that I was doing something special (not part of everyday routine), and feeling more personally empowered to accept the death of the deceased. Females were more likely to respond to leaving letters or poems at the site, visiting the memorial during a difficult period (holiday, birthday, anniversary, etc.), bringing photos to create a sense of the deceased presence, and making a rubbing of the deceased name at the Vietnam Veterans Memorial. The age range was collapsed into two categories of age 44 to 55 and age 56 to 72 years of age to determine which aspects were rated

highest for these two groupings. Eleven participants 44-55 years of age responded highest to the aspects feeling that I was doing something that expressed my continuing love for the deceased and feeling that I was doing something special (not part of everyday routine). Fourteen participants 56 years to 72 years of age responded highest to the aspects of being able to express my feelings and feeling supported by others at the memorial.

Results for Section III: Outcomes

In Section III: Outcomes, the results appeared to indicate that the majority of participants responded that there were positive outcomes from their performed rituals at the VVM. The outcomes with the highest ratings in this study were accepting grief as an on-going process and acknowledging and accepting my grief. Other highly rated outcomes were feeling a greater connection with others and exploring my attitudes about life and death. This result is supported by Castle and Phillips' (2003) study in which they had similar findings that indicated rituals promoted the emotional well-being and psychological growth of the participants.

The results of this study indicated that the lowest ranking outcomes were as follows: feeling that I have more control over my life, having less intense feelings about the death of the deceased and developing a sense of optimism. These outcomes were also in the lowest rankings of Castle and Phillips' (2003) study.

Table 14

Outcomes of Performing Rituals, Sorted by Averaged Ratings

Rank	Description of outcome
3.96	Accept grief as an on-going process.
3.96	Acknowledge and accept my grief.
3.89	Feel a greater connection with others.
3.82	Explore my attitudes about life and death.
3.75	Reevaluate my relationships with others.
3.75	Explore feelings that were hidden or hard to get in touch with.
3.74	Accept the death of the deceased.
3.74	Develop a new awareness of who I am.
3.74	Strengthen my faith and/or spirituality.
3.66	Develop a greater confidence in my ability to deal with my grief.
3.53	Reevaluate my priorities in life.
3.37	Feel less isolated, more supported by others.
3.26	Formulate a new relationship with the deceased.
3.03	Develop a greater sense of optimism.
3.0	Have less intense feelings about the death of the deceased.
2.69	Feel that I have more control over my life.

Note 1=very unhelpful, 2=not very helpful, 3=moderately helpful, 5=extremely helpful

Aspects and Outcomes

Statistical analysis was applied to determine if there is a cause and effect relationship between individual aspects and outcomes. According to this analysis there were cases in which there appeared a higher likelihood that when the sample rated a certain aspect highly that they also rated an outcome highly. For instance, the aspect of feeling that I am doing something special (not part of everyday routine) rated helpful in effect to the outcome of strengthens my faith and spirituality. The aspect of feeling that I was doing something that expressed my continuing love for the deceased rated helpful in effect to the outcome of reevaluate my priorities in life. The aspect of feeling supported by other visitors at the memorial related to the outcome of feeling a greater connection with others.

There were also cases in which indicated no cause and effect in terms of certain aspects and outcomes. For example, being able to share memories of the deceased with the others at the memorial had no effect on the outcome of feeling that I have more control over my life. A second example is feeling that I am doing something special (not part of everyday routine) with the outcome of developing a greater confidence in my ability to handle my grief indicated no causal relationship.

Additional Statistical Testing

The low response rate the application of additional statistical testing such as ANOVA was explored and determined to be deficient in determining any true differences in the categories of gender, race, relationship to the deceased and

Veteran status. Future studies would benefit with a larger sample size to determine if there is any true differences in these groups. The small sample size did not allow for the performance of inferential statistical testing thereby the results are inconclusive in determining the hypotheses: Section II and III indicate significant benefits for participants who visited the VVM.

Chapter 5

Conclusions and recommendations

Conclusions

This study's results are corroborated by the previous studies of Castle and Phillips (2003) and Gowensmith (2000). There is agreement that rituals including others/feeling emotionally safe, sense of sacredness/specialness and are personally meaningful to the participants are seen as positive.

Personal meaningfulness

The aspect of the ritual needing to be personally meaningful to the individual informs us that grief affects each individual differently and that the opportunity to choose from a wide array of rituals is of benefit to these individuals. These individuals must have the opportunity to explore different rituals to discover which rituals may be most meaningful to them.

Including others

Due to the fact that after the Vietnam War grievors were not publicly supported in expressing their grief, the aspect of including others might be most significant in the need for this group of grievors to have public support in helping them cope with their loss. Those individuals who experienced a loss of a loved one from the Vietnam War have a public outlet at the VVM. This site allows this group of mourners the opportunity to receive support from their fellow Americans in their expression of grief.

Sense of sacredness /specialness

This study concluded that spirituality and sacredness were important to helping visitors with their grief. The Vietnam Veterans Memorial is considered by many Americans to be sacred ground. Gowensmith's (1999) indicated that all participants within his study incorporated spiritual elements in their rituals.

Using Symbolic Objects

This study's results appear to differ from Castle and Phillips' (2003) study that found the use of symbolic objects to be helpful in the performance of the rituals. This study determined that relatively few participants used symbolic objects during their visit to the VVM. The aspect of making a rubbing the deceased's name was the only aspect from this category that more than 50% did and provided 4.46 on the Likert scale. Past research has indicated that visitors to the Vietnam Veterans Memorial have left letters, flowers, and other objects. The researcher was unable to answer what was the determining factor that resulted in relatively few participants in this study incorporating symbolic objects during their visit.

Outcomes

The hypothesis that performing rituals at the Vietnam Veterans Memorial can have significant benefits for the participants was inconclusive due to no application of inferential statistics. The results appeared to indicate that with the majority of the individuals surveyed stating that they attributed positive outcomes from performing rituals at the site

that there were benefits to the participants. The outcomes with the highest ratings were accepting grief as an on-going process and acknowledging and accepting my grief. In addition, other highly rated benefits for participants were the majority of the participants felt a greater connection with others and were able to explore their attitudes about life and death.

Recommendations

Due to the fact that there is little research on post-funeral rituals and their effect on grief, future studies should focus on what aspects must be incorporated into grief rituals in order to be seen as helpful. The use of a control group of people who have not visited the VVM would provide important information in determining the benefits of the ritual of visiting this site.

Current theories on grief have revealed that grief can be a life-long process and that rituals may provide these people an emotionally healthy outlet to express their grief. Caution must be taken though to determine if performing rituals is conducive to the individuals grieving process. Under certain circumstances, rituals performed by individuals may hinder their grief process. Exploration of rituals must take place in order to decide if performing a ritual is the right way to go and then determining what ritual would be most beneficial to the individual.

Further research is warranted in order to determine both the optimum time and duration needed to gain a significant sample size at the VVM. In addition a greater sample size may

prove beneficial in determining if there is significant differences in how gender, race, the relationship to the deceased, and Veteran status affect the aspects and outcomes of the rituals performed at the VVM.

Due to the fact that the numbers of people directly affected by a loss of a loved one during Vietnam War are diminishing due to age, additional study at sites that memorialize more recent events may provide a larger sample size.

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Appendix A
Questionnaire

**THE EFFECTS OF VISITING THE VIETNAM VETERANS MEMORIAL ON
BEREAVEMENT**

This questionnaire is to be filled out by visitors to the Vietnam Veterans Memorial. This person must be an **American citizen** who is **18 years of age or older** and has **personally known someone who has died from the Vietnam War**. If you need assistance in completing this questionnaire or have any questions please contact Maria Dorsey. These questions relate to today's visit to the Vietnam Veterans Memorial.

SECTION I

1. Gender: Male Female
2. Race/ethnicity:(please select one answer)
- Caucasian
- African-American
- Latino/Spanish
- Asian
- Other (Please specify)
- _____
3. Age _____
4. Who do you know that died in the Vietnam War? (Please select one answer)
- Spouse/partner Parent(s)
- Child/children Sibling(s)
- Grandparent(s) Close friend(s)
- Other relationship (Please Specify) Served together
- _____
5. Are you a Vietnam Veteran?
- Yes
- No

SECTION II

7. During your visit today to the Vietnam Veterans Memorial, please rate the following aspects in terms of helpfulness.

(1=very unhelpful, 2=not very helpful, 3=moderately helpful, 4=very helpful, 5=extremely helpful, 6=did not do)

	Not Very Helpful		—————▶ Very Helpful			Did not do
	1	2	3	4	5	6
Prayers or other religious/spiritual practice as part of the visit.	1	2	3	4	5	6
Leaving flowers at the site.	1	2	3	4	5	6
Leaving letters or poems at the site.	1	2	3	4	5	6
Being with others with whom I feel comfortable with during my visit.	1	2	3	4	5	6
Use of objects that have special meaning.	1	2	3	4	5	6
Visiting the memorial during a difficult period (holiday, birthday, anniversary, etc.,).	1	2	3	4	5	6
Being able to express my emotions freely.	1	2	3	4	5	6
Bringing photos to create a sense of the deceased presence.	1	2	3	4	5	6
Being able to share memories of the deceased with others at the memorial.	1	2	3	4	5	6
Feeling supported by other visitors at the memorial.	1	2	3	4	5	6
Feeling that I was doing something that expressed my continuing love for the deceased.	1	2	3	4	5	6
Bringing keepsakes as reminders of the deceased.	1	2	3	4	5	6
Choosing special people to visit the memorial with me.	1	2	3	4	5	6
Feeling that I am doing something special (not part of everyday routine).	1	2	3	4	5	6
Feeling more personally empowered to accept the death of the deceased.	1	2	3	4	5	6
Making a rubbing of the deceased name at the Vietnam Veterans Memorial.	1	2	3	4	5	6

SECTION III

8. My visit today to the Vietnam Veterans Memorial has helped me in the following ways to:

(1=very unhelpful, 2=not very helpful, 3=moderately helpful, 4=very helpful, 5=extremely helpful, 6=did not do)

	Not Very Helpful		————▶ Very Helpful		
Accept the death of the deceased.	1	2	3	4	5
Accept grief as an on-going process.	1	2	3	4	5
Strengthen my faith and/or spirituality.	1	2	3	4	5
Formulate a new relationship with the deceased.	1	2	3	4	5
Acknowledge and accept my grief.	1	2	3	4	5
Develop a greater confidence in my ability to deal with my grief.	1	2	3	4	5
Explore feelings that were hidden or hard to get in touch with.	1	2	3	4	5
Have less intense feelings about the death of the deceased.	1	2	3	4	5
Develop a greater sense of optimism.	1	2	3	4	5
Feel that I have more control over my life.	1	2	3	4	5
Feel less isolated, more supported by others.	1	2	3	4	5
Reevaluate my priorities in life.	1	2	3	4	5
Reevaluate my relationships with others.	1	2	3	4	5
Explore my attitudes about life and death.	1	2	3	4	5
Develop a greater awareness of who I am.	1	2	3	4	5
Feel a greater connection with others.	1	2	3	4	5

AFTER COMPLETING THE QUESTIONNAIRE, PLEASE DEPOSIT IT INTO THE DROP BOX LOCATED AT THE VIETNAM VETERANS MEMORIAL.

THANK YOU FOR YOUR TIME!

Appendix B
Cover letter

April 2, 2005

Dear Visitor:

The University of Missouri is conducting a study to investigate visits to public memorials and their effect on Americans. Public memorials provide a unique and vital service to grieving Americans. I would like to better understand if and how visits to public memorials help visitors with their bereavement. Your input will be very valuable and will help you and other bereaved people in the future. I strongly urge you to help in this effort.


Your participation is voluntary and you may quit at any time and refuse to answer any questions. All information will be confidential. The survey will take 10-15 minutes for you to complete. Your participation is important to the success of my study. Please complete the questionnaire and deposit it in the drop box located at the Vietnam Veterans Memorial by **August 7, 2005**.

If you should have any questions concerning this research, please contact Maria Dorsey of Parks, Recreation and Tourism, 105 ABNR, University of Missouri-Columbia, MO 65211 at mdbm5@mizzou.edu or (573) 884-9527. For additional information regarding human participation in research, contact the University of Missouri-Columbia campus Institutional Review Board Office at (573) 882-9585. I greatly appreciate your assistance in completing the survey promptly. Thank you for your help.

Sincerely,

Maria Dorsey
Graduate Student, PRT

Appendix C
Collector's Permit

SCIENTIFIC RESEARCH AND COLLECTING PERMIT  Grants permission in accordance with the attached general and special conditions United States Department of the Interior National Park Service Vietnam Veterans Memorial	Study#: VIET-00001 Permit#: VIET-2005-SCI-0001 Start Date: Aug 04, 2005 Expiration Date: Aug 07, 2005 Coop Agreement#: n/a Optional Park Code: n/a
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Name of principal investigator: Name: Mrs Maria Dorsey Phone: 573-882-9527 Email: mdbm5@mizzou.edu									
Name of institution represented: University of Missouri-Columbia									
Co-Investigators: <table border="0"> <tr> <td>Name: Carol Pieper</td> <td>Phone: 636-379-4894</td> <td>Email: N/A</td> </tr> <tr> <td>Name: Lance Dorsey</td> <td>Phone: 573-443-2376</td> <td>Email: lance.dorsey@dnr.mo.gov</td> </tr> <tr> <td>Name: Maryellen Dorsey</td> <td>Phone: 708-594-8026</td> <td>Email: wwdmed@comcast.net</td> </tr> </table>	Name: Carol Pieper	Phone: 636-379-4894	Email: N/A	Name: Lance Dorsey	Phone: 573-443-2376	Email: lance.dorsey@dnr.mo.gov	Name: Maryellen Dorsey	Phone: 708-594-8026	Email: wwdmed@comcast.net
Name: Carol Pieper	Phone: 636-379-4894	Email: N/A							
Name: Lance Dorsey	Phone: 573-443-2376	Email: lance.dorsey@dnr.mo.gov							
Name: Maryellen Dorsey	Phone: 708-594-8026	Email: wwdmed@comcast.net							
Project title: The Effects of Visiting the Vietnam Veterans Memorial on Bereavement									
Purpose of study: To examine the ritual of visiting the Vietnam Veterans Memorial and examine how the visit effects American visitors who are mourning loss from the Vietnam War.									
Locations authorized: The authorized location for this research permit is location #2 outside the restricted area as indicated on the attached map. The restricted area around the Vietnam Veterans Memorial is defined as the area bounded by the south curb of Constitution Avenue on the north, the east curb of Henry Bacon Drive on the west, the north side of the north Reflecting Pool walkway on the south and a line drawn perpendicular to Constitution Avenue two hundred (200) feet from the east tip of the memorial wall on the east.									
Transportation method to research site(s): Foot									
Collection of the following specimens or materials, quantities, and any limitations on collecting: n/a									
Name of repository for specimens or sample materials if applicable: n/a									
Specific conditions or restrictions (also see attached conditions): Please see attached conditions. Copies of all reports generated by this study will be submitted to the park contact for this project. The park contact for this project is: Brad Conway 202-485-9860.									

Recommended by park staff(name and title):

BRADLEY E. CONWAY GIS SPECIALIST

Reviewed by Collections Manager:

Yes No

Approved by park official:

Stephen King

Date Approved:

8-1-05

Title:

Acting Superintendent

I Agree To All Conditions And Restrictions Of this Permit As Specified
(Not valid unless signed and dated by the principal investigator)

Maria Daisey
(Principal investigator's signature)

July 25, 2005
(Date)

**THIS PERMIT AND ATTACHED CONDITIONS AND RESTRICTIONS MUST BE CARRIED AT ALL TIMES
WHILE CONDUCTING RESEARCH ACTIVITIES IN THE DESIGNATED PARK(S)**

Appendix D
Vietnam Veterans Memorial Map

