



## REVIEW ARTICLE

# Disasters, Pandemics, Authors and Closure

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### Abstract

Dealing with closure must be an integral part of disaster response planning, even if problems for those effected are relatively long-term. Often closure is intertwined with forensic victim identification or a pandemic such as COVID-19. Each case must be handled by listening to those bereaved, then choosing an appropriate social worker, psychologist, psychiatrist, and/or clergyman. Even the recent COVID-(20)19 pandemic has presented different and complex problems of closure.

**Keywords:** Disaster, Death, DVI, Closure, COVID-19

### Introduction

What happens after multiple deaths in an air crash or earthquake? Many jurisdictions have guidelines ranging from specific requirements to the “judgement of the medical examiner” in dealing with Disaster Victim Identification (DVI) and sufficient evidence to establish an identification. The bereaved, however, cannot be ignored - not in their identification requests, a key factor in helping them cope with their loss; nor in their cultural/religious behavior in the identification process, which can lead to delays and critical misunderstandings. Closure must be an intrinsic part of disaster and DVI procedures both during and after forensic identification. Following COVID-19 deaths, however, there is no question of identification, but there can be questions of closure.

### Discussion

#### Closure: An introduction

Disasters are different from even large traffic accidents. In a traffic accident body recovery is relatively rapid. In a mass disaster retrieving bodies can take days, weeks, or months... if at all. In a traffic accident the victims are known relatively quickly. In a mass disaster matching missing persons reports to possible victims can be a prolonged process. The uncertainty involved in waiting has its psychological toll. The value of the identification testimony of a person suffering the psychological trauma of doubt and/or loss can also be called into question. Closure is needed.

There has been significant discussion regarding the meaning of closure. Suffice it to say that in the standard context of DVI, closure is coming to terms without doubt and reservation that the person involved is dead [1]. From the limited perspective of DVI, unequivocal confrontation with the fact of death is needed. Otherwise people can reject forensic findings and

retain unrealistic (even the most fanciful) illusions that the person involved might somehow be alive [2]. COVID-19 has taught us a new lesson. There are no questions of victim identification, but there are unique issues of closure.

Some people can achieve closure without outside assistance. There are many, however, for whom closure is a hard-to-achieve goal.

Sometimes the problems of closure are compounded and intensified by financial loss associated with a disaster [3]. One example is destruction of a home in which the deceased lived. Collecting remaining possessions and deciding what to keep can complicate coming to terms with the overall situation.

Victim identification obviously has legal implications. Death certificates enable next-of-kin to close bank accounts, settle deaths, apply for insurance benefits, etc. Not to be overlooked, however, is that the settling of legal matters is a step in the process of closure. With COVID-19 many government offices are partially closed or simply overwhelmed by the multitude of claims to be handled by limited staff. These delays became a factor in achieving closure.

As can be seen, from a wider perspective, closure is more complex than merely the recognition of death. The family of one fireman killed in the 9/11 disaster postponed a funeral for fifteen years, hoping to find his remains [4]. This is a classic example of lack of closure. Although the family was convinced of the relative's death, the preoccupation with finding his remains prevented a total return to routine.

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Not all bodies are recovered in many airline crashes or military confrontations [5], although there can be ample reason to establish death. Even though evidence can be clear, such cases pose problems of closure. “Families may feel unable to fully grieve and reach closure in situations when there is no positive confirmation of the death, when the physical body has not been recovered or if the body is available, but the family is unable to view it [6].” The latter problem is particularly applicable in COVID-19 cases, where bodies are wrapped for burial to prevent contagion before viewing by families. (To ease closure, well into the pandemic Sheba Medical Center in Israel opened sealed rooms with a glass window, so that families could view the deceased for one last time.)

Sometimes what would objectively be considered proof of identification is insufficient for the bereaved and precludes closure. After one terrorist attack pathologists were reticent to show a damaged body to a bereaved family. Instead, they showed a picture of a unique tattoo on a specific place on the victim’s body. The identification was rejected, since the color of the tattoo was not quite “right.” The family was experiencing “denial.” This is just one example of trauma and lack of closure effecting forensic testimony.

Although the bereaved family is primary, friends can also need closure, since they can feel the loss of the deceased. The same is true for co-workers [7] and even school children when a classmate passes away.

A family will never achieve full closure [8] until supporting documentation is sufficient to satisfy all involved in dealing with death, such as receiving insurance company benefits.

In very bureaucratic terms one might say that professionally based identification is the task of the medical examiner, and psychological closure is the responsibility of a mental health worker. The two tasks, however, are intertwined and cannot be separated. In COVID-19 case, the hospital or other facility in which a patient passes away is also a key player.

Nor is closure a one-time experience. As time passes, new doubts can arise. Closure is not final. One report [9] details the travails of a family after a grave was desecrated and the grave stone maliciously removed. How did it happen? Endless efforts were expended to regain closure. There was no doubt about death and identification, but a Pandora’s Box of questions emerged, and memories of the deceased began to dominate thinking.

Longing for the deceased can engender thoughts and doubts of “maybe if...” One of the purposes of periodic memorial services, mourning rituals, monuments / tombstones, and visits to a grave is to reinforce closure and strengthen the ability to cope with the death of a close relation.

### **Blame**

Very often families are obsessed with a perturbing suspicion that precludes full closure, “Who is to blame!” Sometimes blame is at least superficially rational. Did the government act with due dispatch in announcing appropriate protection

procedures and equipment? The question is certainly familiar and might even sound reasonable. When was the airplane last inspected? Did the pilot have sufficient sleep beforehand? Why did the government not have a stronger building code?

COVID-19 raised other issues. One often hears criticism that response procedures should have been ready if not long ago, then at least after the first COVID-19 outbreak in November 2019, weeks before Chinese authorities acknowledged the detection of the new virus.

Regarding COVID-19 projecting blame is easy, but remember the description, the “*new virus*,” or the “*novel virus*.” Although it first appeared in Wuhan in mid-November, it was only at the end of the following month that it was reported to the Chinese WHO Country Office as a strange new *pneumonia* of unknown cause. The nomenclature, COVID-19, was adopted only in February 2020.

It is hard to react to an unknown situation, and even when the COVID-19 virus became an undeniable pandemic, response was in no way simplistic. Declaring a national emergency is a bold step with wide-spread implications that range from health to economics. Why did the government not act faster? Before a government is blamed it must be realized that a declaration of emergency is based on numerous factors including certainty of action in unfolding and developing circumstances.

Any contention of lack of decision or preparation can only be made with 20-20 hindsight (not only in COVID-19 cases). Even today scientific research is not complete, and there are unknowns that preclude any “quick fix.” Even rapidly shifting to emergency plans can include prolonged transition time. Rational thinking, however, is not always part of thinking by bereaved in their search for closure.

### **The Media**

In some cases, the media exacerbates closure by fanning dissent and casting blame. This has become particularly blatant in the case of COVID-19, in which projecting blame has become a political football in numerous instances. Setting aside a realistic assessment, one result has been complication of closure. (An emerging variation of blame is highlighting the international competition, not cooperation, in securing medical equipment and supplies.)

This raises another phenomenon. We are now reaching a point of not only individual or family closure also the question of a national closure as the issues of responsibility and blame continue to simmer. It is difficult to predict, but it seems that only an authoritative post-COVID investigation with the benefit of hindsight can bring national closure and stifle dissent.

### **Culture and intersectionality**

There have been several studies researching the ability and methods by which people try to cope with death and grief following mass disasters [10,11]. Many of these studies focus primarily on generalized Western culture.

“Western culture” is a comprehensive and non-specific term

designed to apply when convenient. It is also time dependent. The culture of the 1850s is certainly not the culture of today. In wars of the 19<sup>th</sup> century mass graves were frequent, and professional DVI was unknown. Closure took on different dimensions. Times have changed.

In formulating a DVI program to cope with cultural differences and enable bereaved to reach closure, most plans try to find the highest common denominator to cover multi-faceted grouping. It is, of course, incumbent upon planners to deal on an individual basis with those (hopefully few) cases not appropriate to the general model.

It is clear that one must differentiate between populations in developing and developed countries, since sociological values as well as response and support infrastructures are quite different.

Modern transportation and communications have converted much of the world into an open society. It is not sufficient to operate solely in one's own milieu. Cross-cultural applications are parallel challenges: (1) operating at home in local culture but dealing with persons of another culture (e.g., tourists or businessmen), and (2) response teams sent abroad to operate outside their own cultural milieu.

Victim identification and closure also cannot be separated from religion and culture. In addition to legalisms, religion and culture are often key elements. Sometimes the requisites are similar to those of a medical examiner. Sometimes they are more demanding. In the latter case closure will not be achieved until a family is convinced that their religious requirements have been satisfied. Forensic identification by fingerprints [12], odontology [13], and DNA [14] are accepted universally by religious authorities according to decisions of police forensic experts and/or medical examiners. Problems tend to be with personal recognition, property, passenger lists, etc., which some religions consider subjective and non-conclusive.

People have their own needs. After one air disaster a widow waited more than one week until she was notified that her husband's body had been identified and was being released. Rather than returning home directly with the body for a funeral, she postponed her trip to attend a general memorial service for all victims. She later explained that attending the service and meeting other mourners helped her cope and achieve closure.

Chinese culture requires relatives to travel to the site of a disaster, return via a circuitous route to rid themselves of an evil spirit, and only then deal with identification information. Knowledge of these precepts is essential in aiding families. In one air disaster DVI personnel, not understanding the cultural issue, were frustrated when the bereaved delayed arrival to the morgue.

Even Western culture has a variation of visiting a crash site. It is common after many air disasters that close relatives fly to the headquarters of the disaster response, even at airline expense, ostensibly to assist in identifying the body and returning it for burial. Objectively, staying at home to have better access

to *ante mortem* information would be more effective. There is also no doubt that the deceased will be transported after identification. The underlying factor is that travel to the response site is a cultural reaction encouraged by displaying emotions and feeling participation, both key components in eventual closure.

### Support to the Bereaved

A key to understanding is that "support" is meant to overcome crisis. For many there never is complete closure [15]. Memories and reminiscences remain. Close relatives are always missed. Closure is not a one-time, shut-the-door experience. In more pragmatic terms it is dealing with recurrent memories, and periodic reinforcement is often required. Sometimes support can be long-term.

Support is usually designed to assist relatives in dealing with immediate trauma and ensuing persistent problems that significantly interfere with routine functioning. That time frame has to be adjusted to include crises occurring long afterwards.

Post-Traumatic Stress Disorder (PTSD) is in part a similar phenomenon. Although classically occurring in the days directly after a disaster, psychological intervention can be needed long afterwards, as memories resurface.

### The news of sudden death in disasters

In many cases the breaking news of a disaster is a cause of heightened concern for those who imagine that key family members may be involved. Many responders delay their own job duties until they verify the safety of their families. The worry is universal, even if objectively there is little or no real probability that the person in question could have been involved. Concerns are often exacerbated by sensationalist news reporting, both in the professional and social media [16]. Thus, the task of a mental health support responder really begins before the dead are identified. Only by grasping the undercurrents of a disaster can the responder function effectively.

In most localities, intervention responders have limited academic background at best in grief counselling. There are responders who have had one disaster experience, and that becomes the iconic event of their career. Only in very few jurisdictions have responders (unfortunately) had repeated experiences.

### Professional support

There is no one profession always the most appropriate to intervention after news of the death of a relative or friend. The usual options are social worker, psychiatrist/psychologist, and clergy. Each takes his own approach, but the goal is the same - to return the bereaved to normative behavior, i.e., to achieve closure.

Religious ritual practices offer a framework into which one can funnel emotions. Clergy can play an important role. For the secular cultural norms serve that function. Hence, the social

worker or mental health specialist can be of assistance. Many people have needs that call into both religious and secular categories. In such cases both clergy and secular resources can play a key role in intervention [17].

### **Clergy**

Not all clergy are trained in pastoral tasks, and even those who do receive such training are rarely experienced in closure after a disaster - closure after illness or accident yes, but not in situations of lengthy body recovery and the process of victim identification. Clergy can provide religious strengthening in questions of faith and meaning, which is a positive step for some congregants, but it has its limitations. The clergy all too often has no prior experience with disasters.

Inexperience can lead to problems. In one case in the author's experience a pastor tried to "protect" the mental health of a congregant by serving as an interlocutor with DVI personnel. The lack of direct contact led to misunderstandings and slowed the identification process.

One experienced chaplain serves in the Oncology Department of a major hospital. Although his primary assignment is to deal with patients, a large part of his time is spent with families as they begin the closure process awaiting the inevitable. In an interview he suggests that often clergy in his position as chaplain can be effective with families after disaster. As he explains, not every family faces closure in the same manner. There is no "set speech" that can be reeled off to console a family. The key is to listen to their needs [18] and respond appropriately.

His approach leads to a significant conclusion. If one listens attentively, then he can also decide which expert is most appropriate to give the right answer. Sometimes it will be a social worker. Sometimes it will be a psychologist / psychiatrist or clergy. Sometimes it will be more than one person. This reinforces the reality that closure is individual and must be treated as such.

A corollary is that those treating should be in a position to understand the bereaved in that they speak the same language and are of the same ethnic and cultural background.

Where does one begin?

### **Social workers**

Most municipalities have a large contingent of social workers to deal with routine problems. Their role is to listen and decide who would be best to handle the specific case. Perhaps a social worker with specific training, since social work spans a wide variety of sub-disciplines. A social worker trained to handle juvenile delinquency is not necessarily prepared for grief counselling. Even when confronting grief, training is usually focused on palliative care. Is special DVI training needed? it was reported that it is beneficial to train social workers to help others in grief acceptance [19]. Understanding disaster dynamics is a first step.

There is often the tense period of waiting for the families of

possible victims. The task is to dampen hysteria and bring a sense of reality. Understanding disaster forces at work is key. Response planning has taken different approaches to dealing with public reactions, but current reality is that there is no longer a professional media reined in by an official spokesman. Social media have no one to oversee them, no whip to control them. Classic censorship is a concept of the past that is virtually impossible to enforce.

A pragmatic pitfall is that in dealing with bereaved families after a disaster, it must be remembered that the mental health worker, himself, can also be affected [20]. A mental health worker is not unlike any other person. He can suffer the effects of psychological trauma. He typically comes to his work with ingrained prejudices [21]. Some workers can overcome adverse reactions through realization and training [22]. Surmounting other biases, such as culture and religion, can be more complex. Even subconscious biases can dictate an entire way of thinking.

### **Psychiatrist/Psychologist**

There can be numerous psychological problems that can emerge after a disaster [23], most notably depression, anxiety, nightmares, etc. In these cases, the best answer is not a social worker. Depending on severity or persistence, the answer might well be a psychologist [24] or psychiatrist, taking into account that only the latter is authorized to prescribe medication.

Not every psychologist is necessarily appropriate. In certain cases, preference should be given to someone with expertise in child psychology or psychiatry [25].

### **Charlatans**

People in distress do not necessarily think rationally, and there are those who take advantage of such situations. In one case with which the author dealt, a widow whose husband had died in an air crash was sold an expensive set of religious books "to protect her house." Needless to say, bereaved persons should be made aware of such charades.

### **Rituals**

Various religions and cultures deal differently with grief. In some cases, friends come to comfort console the family beside the coffin before a funeral. In other practices that expression of grief is after burial. In either case this is frequent a step toward closure for the bereaved. For COVID-19 victims there is no "wake," large funeral, or other large expression of support. There are only telephone, video, or digital "visits." When the pandemic has passed or at least significantly eased, any cases of insufficient closure will have to be investigated.

### **Tools to Help**

There are numerous tools to help the bereaved achieve closure. One example is Interpol DVI forms, generally regarded as an *ante mortem* / *post mortem* information collection and comparison. Their psychological contribution is too often neglected.

## Interpol forms

Interpol designed DVI forms [26] to obtain *ante mortem* information and record *post mortem* findings that facilitates comparison. The *ante mortem* forms are extensive and take 2 hours to complete on average. They contain questions that might well be reserved for truly difficult DVI cases. Although a shorter form may well be more efficient, sitting with a family and working through the longer form gives families a feeling of participating in the DVI process. That is a positive step toward closure after there is an identification.

Presenting a bereaved relative with a packet of forms and asking him to fill out the questions is self-defeating, both psychologically and in terms of accuracy of information.

DVI requires time in a mass disaster. Hoping and waiting can exact an emotional toll. If there is a plausible possibility of a quick identification, the medical examiner might short-cut the long Interpol form and detail which specific *ante mortem* information he needs.

## Aspects of cultural / religious interface

It is virtually impossible to separate religion from culture. One might even say that the beliefs of an atheist fill the void otherwise assigned to religion. "Religion may be part of culture, constitute culture, include and transcend culture, be influenced by culture, shape culture, or interact with culture in influencing cognitions, emotions, and actions [27]."

In dealing with DVI there is much more than retrieving *ante mortem* fingerprints from police records. Most often there is interface with bereaved families, not only to secure *ante mortem* data to reach an identification, but also convince them of the identification. If families have serious doubts, they will suffer from ambiguous loss [28]. They never come to grips with their loss [29], often fantasizing that the missing person is somewhere, somehow still alive (Prietler). They never achieve any significant stage of closure [30].

Ritual, be it religious, cultural, or secular, plays an important role in closure. Basically, it provides a framework into which emotions are funneled. Rituals can range from the private lighting of a candle to a public memorial service. Annual ceremonies or a visit to a grave provide a framework to grief.

Christian practice varies according to denomination. In Roman Catholic rites a priest administers last rites. Identification is most frequently according to the decision of a medical examiner. Consoling the bereaved family is done during a wake of several days [31]. COVID-19 presented a situation in which a wake was not possible, presenting a potential impediment to full closure despite the extenuating circumstances. A key factor to watch is possible psychological problems after the COVID-19 pandemic is no longer a daily concern.

Traditional Jewish burial entails a funeral on the day of death or on the next day, but certain identification is paramount. Compliance with religious law regarding identification is most often an important part of closure as is the reception of visitors during the week after burial. Even before COVID-19 it was

common to console by telephone for those who could not visit in person [32,33].

Classic Islam dictates that burial be immediate. A corollary is that technical identification is of lesser importance. Particularly in traditionally oriented rural societies tasks assigned to social workers in Western countries are centered on the mosque with religious connotations [34]. Religious interpretation of disaster rather than social work concepts, are key. Often death is considered a Divine punishment.

Buddhist burial practice presents a very problem. Customs vary from place to place, country to country. There are few set rules, so it is best to consult with local clergy, both in terms of etiquette in dealing with family, identification, and closure.

In traditional Hindu societies the general rule is cremation one or at most to days after death. In disaster response this means pressure on responders, lesser emphasis on technical identification, and cremation that involves no re-examination of the body.

These concepts have to be applied to disaster response planning before DVI response teams are dispatched.

## Lack of knowledge

Numerous prelates heading churches were surveyed in the 1990s and again in 2017. The majority had no inkling of DVI, subsequent grief counselling, and questions of closure. Although they held relatively senior ranking in their various institutions, they viewed their functions as representational, heading their own communities, and welcoming co-religionists visiting from elsewhere. Although there is a natural inclination to turn to clergy for guidance in religious matters, not all functionaries are aware of disaster requirements and subsequent closure problems.

Many religions are global with adherents and clergy from different countries and continents. That means that they may not be adequately versed in cultural nuances of their co-religionists coming from abroad and caught in a disaster.

Lack of cultural and religious knowledge is often expressed in the initial moments of a disaster, when confusion and pandemonium can reign. It is not from mal-intention. The majority sincerely want to help, but they do not know how. Many responders react from impulse and do not remember previous instructions. Those (few) having previous disaster response experience are the most likely to react according to protocol (but with the reality is that protocol is only a guideline). First response concentrates on saving lives. Eventual closure for the bereaved is not an issue, even though the uncertainty for loved ones begins as soon as word of the disaster spreads.

## Compromise

Particularly with religion, but sometimes also with culture, responder and bereaved often feel that they have a monopoly on truth. Only they are right. There can be no compromise. Many people have eventual problems of closure if treatment of the deceased was not done "right" (according to their definition). This is very much a problem with the families of

victims from an area foreign to the scene of a disaster. This is common in homicide cases when the accused does not fit the profile the victim's family had expected. An example is the December 2006 murder of Tair Rada in Israel [35].

### Governmental role

Disaster response is definitely a government responsibility. The specific government offices involved depend on the nature of the disaster, its size, and applicable legislation. Psychological support, however, is not so clear-cut. Long-term intervention regarding closure is most often outside the realm of response programs. One thing is very clear. If life-saving and deceased identification procedure do not function properly, closure can be all the more difficult. The same can be said when survivors cannot come to terms with resultant handicaps, "Could this have been avoided with better (i.e., proper) medical care?"

### Legislation

One researcher succinctly summed up the government role. "Sri Lanka is a typical example of a state which had an ineffective disaster management mechanism, not strengthened by legislation, when the Asian tsunami struck the country in December 2004, despite having frequently been affected by natural and man-made hazards during the past three decades." The net effect was total disarray in disaster victim identification, leading to drastic and irreparable consequences [36].

### Personal requirements

It is clear from this analysis that closure will not be achieved by a bereaved person, if his personal requirements (be they religious or cultural) have not been met. When these requirements expect more or different actions, one can well question the role of government. Bureaucratic procedure assigns specific roles to specific functions. The differentiation must be made between the medical examiner, whose focus is identifying the deceased, and psychological intervention, where the stress is on the bereaved. The ideal approach is professional interface between the two to resolve questions. (Co-involvement must have a legal basis and limits).

Burial or cremation involve different players. The medical examiner is no longer party to the question. He might be able to offer a recommendation regarding open casket and viewing given body condition, but he has little additional input. Casket, embalming, or cremation [37] are internal family decisions. The implications for closure, however, are clear. Religions have clear theological positions regarding the funeral service and final handling of the body. If these issues are not agreed upon in-family, closure can be difficult for those in dissent. It remains to be seen to what extent a mental health worker can (or should) be involved.

From the personal subjective experience of the authors, repatriation and place of burial tend to be less controversial.

### Conclusions

Helping the bereaved to achieve closure should be part of any disaster response program, particularly as a sequel to DVI (but

not only). Sometimes the treatment required can be long-term. Lack of closure is a problem that is best treated by addressing its component parts through use of appropriate experts. In popular language, it is necessary to treat the root causes, not the overt symptoms.

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