

## DISASTER BODY HANDLING

Sue A. Blanshan

*Department of Sociology, Wittenberg University, Springfield, Ohio*

### INTRODUCTION

An analysis of body handling following death is essentially an excursion into a work situation and its activities, actors, and settings. That is, there is a social structure implicit, if not explicit, in the body handling process. It is this social structure which will be the focus of this paper. Given the taboo nature of death in the American culture (Vernon, 1970), the general public and even various professionals are typically “protected” from the post-death activities which are carried out by ‘professional body handlers,’ i.e., morgue attendants, coroners, funeral home personnel, and funeral directors. However, in a disaster situation involving mass casualties it may become necessary to include other actors, i.e., volunteers, in the body handling process. In addition, the activities of the task structure with respect to the bodies are considerably altered in the aftermath of a disaster. The task structure is greatly elaborated and the division of labor becomes much more complex than it would be in a normal death situation.

There are important contrasts between the body handling process, which is carried out by service organization professionals in the normal death setting, and the process carried out by these professional body handlers and the volunteers following a mass casualty disaster (Pine, 1974). The present paper will

analyze the social structure of the work situation in the disaster setting, which derives from: the unorthodox disaster death agent, the combination of professional and volunteer body handlers, and the emergence of a new task structure.

Assuming for the moment a dramaturgical model (Goffman, 1959), it is important to compare the stages for body handling. There are some significant contrasts between the normal death and sudden collective death settings. First and most obvious, rather than dealing with one body at a time, the handlers are confronted with a number of bodies, hence a much greater work load. Secondly, as a result of the overload and the need to act expeditiously, it becomes necessary to include actors who are not professional body handlers in service organizations. Third, in a normal death situation the funeral director as a professional body handler typically carries out a “one-person” act in the handling process, seeing it through from start to finish. In the disaster situation, however, a complex division of labor emerges which revolves around detailed task specialization of professionals *and* volunteers. Finally, in a normal death the body handling occurs primarily in one locale after the body has been removed from the place of death. While this may also be the

case following collective death in a disaster, the process is usually dispersed to several locales which reflect the complex division of labor and task specialization. In the disaster setting, therefore a wide array of phenomena converge into a systemic relationship in the form of a *temporary* body handling system with its own unique structure of roles and normative guidelines.

### PROCEDURE

The disaster which provided the setting for these observations was a summer flash flood in the Rocky Mountains in the western United States. The water ripped through a twenty-five mile long canyon after more than ten inches of rain had fallen in a four-hour period. Along the canyon overlooking a scenic river, there were numerous summer homes, trailers, tourist motels and hotels, and a small community. Beginning at approximately 8.45 p.m., on the ill-fated night, as it continued to rain, a twelve-foot wall of water came crashing through the canyon catching most people by surprise as there had been no extensive systemic warning. When it was quiet again, one hundred and forty-five people had been killed.

The data on the handling of the dead were collected by a field team which arrived in the area less than a day after the disaster [1]. Direct observation was the major source of information along with interviews with the body handlers. Access to the work areas for body handling was total, except for the embalming process at the funeral homes, and provided a unique opportunity for sociologists to observe activities which are typically guarded and secret behaviors.

### The Body Handlers

While the canyon was devastated, a community close to the foot of the canyon was not directly affected by the flash flood, although the land at the edge of the town

served as a spill-out area. It was from this community that the primary response came for handling the dead, drawing both professional and volunteer handlers.

In order to adequately highlight the uniqueness of the types and numbers of body handling actors in this mass casualty situation, a brief description of the body handling tasks in a normal death will follow. Typically after a death and the certification of the cause of death, the survivors contact a funeral home of their choice and employ this organization to "make the suitable arrangements". The first step in these arrangements involves the removal of the body from the place of death, generally either a private residence or an institution, by one or two staff members of the funeral home and possibly a morgue attendant of the institution. The body is then taken to the funeral home where the remaining body handling steps are carried out: embalming and presenting (restoring, dressing, casketing, and setting up for visitation) (Pine, 1975). It may be seen that the only people actually dealing directly with the body are professional body handlers in this typical situation.

In marked contrast to this relatively simple social structure for body handling is the mass casualty disaster situation. With sudden collective deaths the body handling personnel must be considerably expanded in number, and by virtue of this and some unique problems, the personnel expanded by type as well. In order to deal with the excessive number of bodies the professional body handlers are assisted by a large number of volunteers. The volunteer body handlers come from various occupational realms with concentrations of three general types, which reflect the recruitment pattern for the body handlers. The first type of volunteer is the professional from medical organizations, e.g., doctors, dentists, nurses, etc., whose general training with respect to the human body is quite valuable. The second major type of volunteer body handler is affiliated with community safety organiza-

tions such as the police department, fire department, or sheriff's office, who may have previously dealt with bodies in accident situations. The final type of volunteer body handler is extremely important in mass casualty disasters which cause considerable disfiguration of the bodies, that is, the identification expert (Pine, 1974; Hershiser and Quarantelli, 1976). These identification experts are drawn from safety organization laboratory staffs, private investigation offices, and public bureaus of investigation.

### **The Task Structure**

The task structure of this protective and secretive behavior, i.e., body handling, varies considerably from the singular body to the multiple body work load. As briefly described in the previous section, the task structure in a normal death setting is relatively simple: certifying the death, storing, removing, embalming, and presenting the dead. The previous research on body handling following mass casualty disasters has not dealt directly with the actual tasks of body handling. The earliest study done in the area by Pine (1969) looked at the spheres of control, and five processes related to body handling in the aftermath of an airplane crash: communication, notification, identification, distribution, and consolation. A later study done by Hershiser and Quarantelli (1976) emphasized the emergent groups following a flash flood which define the tasks and determine the general program of action: a search and recovery group, an identification group, a missing persons group, and a coordinating group. However, no previous study has been undertaken to outline and explore the body handling tasks as the central exigencies of the mass casualty situation. There are certain tasks which "must" be carried out with respect to a body in the American culture. While the task structure for a normal death is relatively simple as defined culturally and by the professional body

handlers, it is expanded and considerably more complex following a disaster.

The general tasks of body handling in the mass casualty situation include: search, recovery, transportation, clean-up, identification, embalming or dusting, storage, positive identification, death certification, distribution, and presentation. In addition, most of these tasks may in turn be broken down into various related subtasks. The contrasts between these eleven individually discernible major tasks with the five-step handling in a normal death setting will be elaborated.

The chaos created by a disaster, whether of human error or natural origin, is a significant factor in complicating the body handling process. Due to such factors as the speed, force, and scope of the disaster agent, the bodies of the disaster's casualties may be widely dispersed, separated from identifying objects such as clothing, jewelry, purses/wallets, hidden by debris, and unrecognizable. Due to emotional, legal, and cultural demands the bodies must be found, if at all possible, brought out of the disaster area, taken to a formal body handling staging area, and identified (Gerber, 1974).

In this flash flood the disaster scene was devastated. It was even difficult to clearly determine where homes, cars, or roads had once stood much less to locate a human body. Therefore, search and helicopter crews were sent out to canvas the area and locate the bodies. Even after a body had been sighted and marked on a map for location it was often difficult to "recover" as some were caught on a tree mid-stream or buried in a mud covered car. Recovery was also made difficult by the increased body weight due to bloating in the water, and the fact that motor vehicles could not get into the canyon area. Therefore, the recovery was the task of persons on foot and in helicopters. In several instances search crews had to secure a located body by tying it to a boulder or tree until more help could be brought to the site. If it was at all

possible, identification clues were kept on or with the body. The "interaction" between the body handlers and the bodies during this phase of the process centered around heavy labor and hard work. It was difficult and dangerous for an individual to walk through the area much less to pull a body out of it. Minimal means for protecting these workers from the bodies such as rubber gloves, disinfectant spray, or body bags were available. Due to the limited landing abilities of helicopters the bodies had to be carried to clearings where a helicopter could set down. At this point the body was covered if there was a body bag, a large plastic bag, or a blanket available.

A relay system for the bodies was developed in which a small helicopter which could carry either one or two bodies in addition to the pilot, would transport them and their identification materials to a landing sight. Here the bodies were collected or "stockpiled" until there were enough for a trip by a large helicopter capable of carrying a number of bodies down the canyon to the next staging area, which was a non-public heliport. (Although there were also a number of stranded survivors being evacuated in the first few days from the canyon, they were brought out in separate helicopters and to different heliports.) At the heliport the bodies were taken from the helicopter and placed in the beds of pickup trucks (two or three at a time but in individual body bags) and driven to the garage of a community funeral home. At this staging area the body which had typically been badly battered, exposed, encrusted with dirt and mud, and declothed by the flood waters was cleaned off in order that the first identification information might be collected.

The clean-up involved unloading the body from the truck, and placing it while still in the body bag on a cart. Next the body bag was opened, pulled away, and the body was positioned face up on the cart. Then the body was hosed off with water from a garden-type hose, and long hair was cleared away

from the face. And finally, before beginning the collection of identification information, the entire body was sprayed with disinfectant in order to protect the body handlers.

Identification was considered to be extremely important in the legal realm as well as by the family members in order that the death might be perceived as a concrete, "real" event which attained closure in their minds. The actual logging of identification characteristics and materials began at this garage staging area, although protection of identification material was an important subtask in recovery and transportation. Three photographs were taken of the head (one frontal and two profiles); routine physical characteristics such as hair and eye color, height, weight, sex, approximate age, etc., were noted; unusual characteristics such as scars, tatoos, false teeth, pierced ears, etc., were noted; the body was given a number and "toe tagged" with it; property on the body such as rings, earrings, watches, pieces of clothing, false teeth, etc., was removed and marked with the toe tag number; and finally finger prints were made. After all of these identification subtasks had been carried out, the body was covered up and one of the community funeral homes was called to pick it up for embalming. The funeral home at that same location did some of the embalming but the number of bodies involves necessitated calling on others for assistance.

Each funeral home came to pick the body up with their own vehicle and transported one body at a time. The bodies were either partially embalmed, fully embalmed, or dusted with a lime compound if the deterioration was well advanced. On completion of this process the body was then taken by the funeral home staff to the temporary morgue, which had been set up at a hospital building unoccupied at the time of the disaster. The body's numbered identification information preceded it to the temporary morgue by special courier directly from the clean-up area.

The temporary morgue was the primary

holding area or storage site for all the bodies, and in addition to this function the temporary morgue was also the site at which the missing persons list was compiled. Great care was taken to separate spatially the area where the bodies were held from the more public areas. When a body arrived at the temporary morgue it was covered with a sheet. The cart was brought in through the former emergency room entrance, which was guarded by uniformed Sheriff's deputies to keep the public out. The body was then taken to an out-of-the-way room (later to a refrigerated truck). In a separate section of the building the missing persons identification information from survivors was being recorded and matched up with the identification information on the recovered bodies.

Often it was necessary to re-do finger prints at the morgue because the first prints taken at the clean-up staging area were of poor quality, and to call on dental specialists for detailed examinations. When it appeared quite certain that a body's characteristics matched those of a name on the missing persons list, a final review of the body was made by the body handlers. If this review seemed to confirm the match, the body was then removed to a separate room (away from other bodies) and a family member was accompanied for a positive identification. After the positive identification was made the death was certified, i.e., the official cause of death was matched with the legal name rather than the toe tag number, and the legal documents were filled out.

At this point the family was able to act as they would have in a normal death and contact a funeral home of their choice, which removed the body from the temporary morgue and transported it to the funeral home where it was prepared for presentation. Since embalming had already been completed and the bodies and faces of many bodies were in no condition for viewing, the only subtasks remaining for the body handlers at this stage was casketing and setting up for visitation.

Although the overall task structure with respect to body handling in the disaster situation is quite complex and diversified, it is possible to state that six of the body handling tasks (search, recovery, transportation, clean-up, identification, and positive identification) are all focused on regaining one single element which has been lost in the disaster — body identity. It is the goal of identification which makes disaster body handling unique. Identification is not a requisite which the professional body handlers must deal with in normal death situations. The professional body handlers are ill-prepared to execute the various tasks in the early stages of disaster body handling. In addition, they do not accept these tasks as part of their job, i.e., they are death specialists and death experts who have an image and professional identity to preserve (Pine, 1975). Therefore, these early tasks, i.e., the "dirty work," fall into the hands of volunteer body handlers while the professional body handlers play a much more active part with the later tasks (embalming, storage, death certification, distribution, and presentation) (Pine, 1974). That is, there is a specific division of labor which emerges in the disaster mass casualty situation. At this point, a closer look at the division of labor in disaster body handling will be presented.

#### **DIVISION OF LABOR**

The coordination of the body handlers and the tasks of body handling results in a division of labor, i.e., the allocation and assignment of various responsibilities and functions to these workers. Unlike the division of labor in normal death situations which is quite traditional and routine, that of the sudden mass casualty situation is an inter-meshing of the institutionalized and the non-institutionalized as dictated by the settings, the actors, and the tasks. Not only is the disaster situation non-routine but it is physically and socially disrupted, which necessitates the development

of an ad-lib or emergent aspect in human behavior. One important change is that the body handling staging areas are not at the typical institutions and service organizations of death. Instead the settings include heliports, funeral home garages, temporary morgues at former hospitals, etc. In addition, the body handling role incumbents are drawn from various types of actors and not exclusively from the professional body handlers. As discussed earlier, there is also a need for medical professional volunteers, safety personnel volunteers, identification expert volunteers, and miscellaneous volunteers. The third and perhaps most important condition influencing the division of labor is the nature and number of the body handling tasks. The new task structure of the disaster mass casualty situation is greatly expanded and elaborated, as discussed in the previous section of this paper. The result of these changes in the body handling process after a disaster is a complex division of labor. In order to clarify the character of the temporary body handling system in disasters, a general discussion of the task assignment and specialization criteria will precede a specific discussion of the disaster body handling division of labor.

#### **Task Allocation Criteria**

There appear to be six criteria which help to determine "who does what" in the body handling process in a disaster setting. Although the task assignment to the professional body handlers is a relatively straightforward carry-over from their tasks in a routine death situation, this is not so much the case with the volunteer body handlers. Therefore, various criteria emerge in the disaster setting which help to establish and clarify the division of labor for all body handlers. The criteria which order, i.e., structure, the division of labor in body handling are: legal responsibility, expertise, routineness of the task, availability, body contact, and ecology.

The professional body handlers' roles are most influenced by the first three criteria. For example, the coroner is *legally* obligated to determine the cause of death and subsequently certify the death. While the general cause of death may be quite certain in disasters, e.g., drowning, the death may not be certified until the body's identity is determined. Therefore, the coroner and deputy coroners are linked to the identification and positive identification tasks in at least an indirect sense. Through their role label it is clear that the professional body handlers have the *expertise* for body handling tasks. This expertise for morgue attendants, coroners, and funeral directors is strongly related to specific professional training, knowledge, specialized equipment operation, and experience. By virtue of the legal responsibility and expertise it would be logical to assume that professional body handlers are involved in all of the body handling tasks in a mass casualty situation. This is not the case. In the first place, they do not have adequate time or energy to do so, but secondly and less obviously, the professional body handlers carry out the *tasks which are routine* for them in a normal death situation due to professional attitudes and definition of their "appropriate" role in the body handling process. Therefore, funeral directors have little involvement in the identification tasks and coroners are not involved in embalming, nor is either involved in the search or recovery tasks.

The volunteer body handlers' roles or tasks assignments are shaped by more diverse criteria. In fact all six criteria influence the division of labor among the volunteers. However, finer distinctions may be made for each of the volunteer categories: medical professionals safety personnel, identification experts, and miscellaneous workers. The medical professional volunteers include doctors, nurses, and dentists who facilitate the body handling process primarily through: their *expertise* with respect to the human body and medical record

keeping; their familiarity with body handling, although typically living bodies (*routineness* of tasks); their *availability* either by their own decision or their employer's; their relative comfort with direct *body contact*; and their familiarity with the floor plans, i.e., *ecology*, of the funeral home's garage, the temporary morgue, etc.

The safety personnel volunteers are drawn from the police department, the fire department, the sheriff's office, the National Guard, and the army. Each of these organizations has a type of *legal* community mandate to protect and uphold citizens' safety and community order. This responsibility was logically extended to the disrupted mass casualty crisis. While their *expertise* is an important criteria in their task assignment, there is considerable variation in the type of expertise these volunteers possessed. For example, contrast an expertise in wilderness safety and survival techniques with laboratory knowledge of finger print-making on a corpse. Safety organizations are *routinely* called upon in accident and crisis situations; e.g., auto accidents, homicides, fires, natural disasters, wars, etc. In many of these crises there is loss of life and the personnel are at least exposed to death if not directly involved in body handling. Also by virtue of their "public servant status" they are more easily made *available* and freed from their routine responsibilities. Either previous experience with *body contact* and/or an attitude that "somebody has to do it" helps to minimize their avoidance of the bodies. And finally, these safety personnel are extensively familiar with the layout of city streets and the location of buildings, which helps in establishing and coordinating the staging areas, i.e., *ecological* knowledge.

The identification expert volunteers include crime laboratory specialists, private investigators, public investigators, and a physical anthropologist. While some of these experts have an indirect *legal responsibility* to assist with the body identification, others were

truly volunteers. Their *expertise* in body identification is reflected in extensive training, sophisticated knowledge on the subject, and technical abilities and skills. These are also people who are *routinely* called upon for body identification following suicides, homicides, and accidents. While the above three criteria are the most important in determining the involvement and the task assignment of this category of volunteers, their *availability* through being relieved of everyday jobs and their past experience with human *body contact* and handling are secondarily important criteria.

Finally, there are those volunteers who may not be characterized in any but an individualistic fashion and have therefore been labeled as miscellaneous volunteers. These volunteers are private helicopter pilots, spouses of other body handling volunteers, mental health workers, and clergy. The task assignment criteria for these volunteers are: the helicopter pilots translate their *routine* skills into a needed function in the disaster situation; the spouses of other body handlers have the time for the work, i.e., *availability*; and the clergy and mental health workers are either relieved or relieve themselves of their daily responsibilities in order to be *available* to assist in this crisis.

### Overview

At this point the overall division of labor for the body handling process, which matches the body handlers with the body handling tasks, will be specified in Table I. Several important characteristics about the body handling division of labor may be derived from this table. The complex division of labor reflected reveals surprisingly little task responsibility overlap between the professional and the volunteer body handlers. In fact, of the eleven body handling tasks only two involved both general types of body handlers (identification information gathering and the final

TABLE I

## Body Handling Division of Labor in Disasters

Task Structure	Professionals		Volunteers		
	Professional body handlers	Med. prof. volunteers	Safety personnel	I.D. expert volunteers	Misc. volunteers
Search			X		
Recovery			X		
Transportation			X		X
Clean-up			X		
I.D.	X	X	X	X	X
Embalming*	X				
Storage*		X	X		
Positive I.D.*	X	X		X	X
Death Cert.*	X				
Distribution*	X				
Presentation*	X				

\* Tasks in normal death situations; i.e., professional body handlers' tasks

positive identification). Secondly, it may also be immediately noted that the volunteer body handlers' work is concentrated in the early stages of the process while the professional body handlers focus on the later stages. Third, among the volunteers, the safety personnel are the most important as seen by their dominance in all but one of the non-professional body handling tasks. Fourth, looking at the tasks it appears that a great deal of emphasis is placed on body identification. In fact, all five types of body handlers are assigned to identification subtasks.

In Table II a more specific illustration of the division of labor is given. In place of the general categories of body handlers their specific titles have been substituted. The diversity in the titles is immediately apparent (over fifteen different titles appear), which is an indication of the complexity with respect to coordinating the body handling personnel. Among the volunteer body handlers the Sheriff's Office had the dominating influence and presence as seen in this table. It is important to note that while the local safety person-

nel have proximity to the disaster scene, and most of the body handling staging areas are within their jurisdiction, the county-level safety personnel, i.e., the Sheriff's Office, are legally responsible since the disaster occurred in the county rather than in the assisting community.

Among the professional body handlers the funeral directors and the coroner's office are of equal dominance, and maintain their routine division of labor with respect to the body handling tasks. There is only one slight exception to this which occurred when one funeral director assumed the task of delivering the numbered identification information and property to the temporary morgue from the clean-up staging area. Therefore, there are noteworthy carry-overs in the assignment and assumption of responsibilities from routine obligations of the personnel (volunteer and professional) to disaster requisites in the body handling arena.



TABLE II

## Body Handlers and Tasks

Task structure	Specific types of body handlers
Search	Sheriff's search and rescue group Civilian search and rescue group National Guard
Recovery	Sheriff's search and rescue group Civilian search and rescue group National Guard
Transportation	Army Private helicopter companies Fire department
Clean-up	Sheriff's laboratory staff Spouses of other volunteers
I.D.	State Bureau of Investigation Federal Bureau of Investigation Dentists Sheriff's laboratory staff Private investigators Funeral Directors*
Embalming	Funeral Directors*
Storage	Coroner and Deputy Coroners* Doctors Nurses Police Department
Positive I.D.	Mental health workers Survivors and families Coroner and Deputy Coroners*
Death Certification	Coroner and Deputy Coroners*
Distribution	Survivors and families Funeral Directors*
Presentation	Funeral Directors*

\* Professional body handlers

## CONCLUSIONS

The body handling process following a mass casualty disaster is effectively organized and executed by all body handlers – both professional and volunteers. However, it has been demonstrated that there are distinct differences between the two types of workers. In

general this contrast is based upon the “routine” nature of the body handling tasks for the professional body handlers versus the “emergent” nature of the body handling tasks for the volunteer body handlers. This contrast is reflected in their recruitment patterns, previous work experience, division of labor and work styles.

In a mass casualty situation professional body handlers are immediately called upon for assistance as public servants rather than as small business persons who have been contacted by the families of the deceased. Their routine work and exposure to death make them logical candidates for this work. However, in disasters there are a number of body handling tasks which the professionals are not only ill-trained and ill-equipped to do, but are also reticent to associate with. Their reticence has its source in both a work overload due to the number of bodies and a hesitancy to stigmatize themselves with a great deal of “dirty work” or an image of body “chasing”. Therefore, additional body handlers are sought from medical, safety, and identification organizations. These volunteers are recruited due to the relative “goodness-of-fit” between their everyday occupations and the body handling tasks.

Although the professional body handlers retain their traditional reference groups which have a controlling influence on the standards of their body handling work, the volunteer body handlers must situationally determine who their “significant others” or their reference groups will be for this work. Therefore, while the professionals adhere to the standards of the National Funeral Directors Association, those of “the public,” etc., the volunteers, look to more direct sources of guidance: the professional body handlers, other volunteers, and superiors from their own organizations.

In the division of labor rather striking contrasts are seen between the professionals and the volunteers. The professional body

handlers by virtue of their expertise and comfort with body handling are able to carry out very complex tasks, e.g., embalming, while the volunteer body handlers at all stages of the process deal with simplified tasks created through minute specialization and task segmentation. In the overall division of labor it is most noteworthy that the professional body handlers exercise considerable control over the body handling process as they retain the tasks to which they are accustomed and delegate the alien tasks to the volunteers.

Body handling is analyzed through the institutionalized and non-institutionalized means utilized. The professional body handlers' work style is focused on the retention of their institutionalized means, e.g., one body at a time in vehicles, one embalming completed before another is begun, low public profile, deal with individual families for arrangements, emphasize individuality of the arrangements, etc. That is, their "style" reflects a concern with deliberateness and their professional image. On the other hand, as newcomers to body handling the volunteers seek means to complete their work which "gets the job done," makes them as comfortable with the work as possible, and — relating the two prior criteria — quickens the completion of the tasks. In general, the non-institutionalized means of the volunteer body handlers, e.g., transporting in pickup trucks, cleaning with water hoses, referring to the body as "it" rather than as him or her, the "death dance" etc., reflect a concern with maximizing their social distance from the work. Most important, however, is the blending together of the institutionalized means of the professional body handlers and the non-institutionalized means of the volunteer body handlers into a temporary system, which effectively responds to the body handling problems in the mass casualty disaster.

## POSTSCRIPT

The description and analysis set forth comes from a single case study in one society. The extent to which the described pattern of handling the dead prevails, will of course have to be established by a range of studies of many kinds of mass emergencies in various social systems. Other societies with different attitudes towards the dead and different everyday activities with regard to processing dead bodies, may very well show major differences in their handling of the dead in mass disasters. But until more research of the kind just presented in this paper is undertaken, there are not even rough guidelines on what should be examined. This paper suggests some such guidelines for future cross-cultural studies, as well as indicating the probable American pattern of body handling in mass disasters.

## NOTES

- 1 The team was in the area primarily for other research purposes, but the author focused specifically on the handling of the dead in the situation. The help of Marti Worth in gathering the field data is gratefully acknowledged.

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