

# A Qualitative Study of Grief among Family Members of Missing Persons in Southern Sri Lanka

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## Research Article

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# Abstract

## Introduction

The psychological and social issues experienced by family members of missing persons are different from normal grief following the death of a loved one. The term “Ambiguous loss” describes this psychological phenomenon. “Ambiguous loss” acts as a barrier to adjusting to grief, leading to symptoms of depression and intra and interpersonal relational conflicts. An in-depth understanding of this subjective experience is important.

## Method

A qualitative study was conducted among close family members of persons who had gone missing during the civil conflict and the 2004 tsunami in southern Sri Lanka. Purposive and snowballing sampling methods were used to recruit the participants. In-depth interviews were recorded with the help of a semi-structured guide, after informed consent. The recordings were transcribed and thematically analyzed by three independent investigators. The investigators met to code the themes and ground them through reflexivity. The triangulation process involved cross-checking with the interviewees.

## Results

Theoretical sample saturation was achieved with 24 family members of missing persons. Responders were mothers, fathers, wives, husbands, and siblings of missing individuals. Six predominant themes were identified. They lacked closure, hope, guilt, helplessness, perpetual suffering, and effects due to gender roles.

## Conclusion

The close family member of the missing person has prolonged vacillating grief characterized by hope, guilt, helplessness, and perpetual suffering due to lack of closure. The effects are more pronounced in women through the interplay of socio-cultural factors. The surviving loved one is ‘locked in grief’ indefinitely.

# Introduction

When someone goes missing and unaccounted for, the family members left behind are on a perpetual mission to clarify the fate of the missing individual (1). They contemplate all the possibilities, but the finality of the death of a loved one is elusive and they constantly vacillate between hope and despair (1,2). The grief process is not initiated since there is no dead body. This unique suffering experienced by family members of missing individuals is described by the term “Ambiguous loss” (1). The loss of a loved one is in itself, difficult. When ambiguity is added to it, the results are agonizing and immobilizing (1). Furthermore, ‘ambiguous loss’ is compounded by legal, financial and social ramifications (3,4). Therefore,

'ambiguous loss' is a different kind of loss from a loss by bereavement (5). In depth understanding of the lived personal experience of close family members is necessary to support and meet the needs of these persons who are unable to achieve closure.

Sri Lanka has experienced many civil conflicts and the 2004 Indian Ocean Tsunami, which led to a large number of deaths and many others being classified as missing individuals as their mortal remains could not be found (6).

A broader ethnographic understanding of the psychological and social effects on the close family members of those classified as 'missing' is necessary, to address the needs of these affected individuals. There are also a growing number of such individuals globally in conflict areas and in post disaster situations. Resolving the problems in families of missing individuals is an important facet of the post war reconciliation process as issues related to missing persons act as reminders of past conflict (3).

## **Aims of the study**

The aim of our study was to understand the psychological nature of grief through qualitative means, in family members whose loved ones disappeared in the context of civil conflict between 1987 - 1990 and the Indian Ocean Tsunami of 2004 in southern Sri Lanka.

## **Methodology**

## **Conceptual framework**

We aimed to conceptualize the experience of grief and understand the emotional and social needs of family members of missing persons. A good understanding of their lived experience and needs enable health care professionals to plan an effective intervention. Previous qualitative studies have shown that the grief experienced by family members of missing individuals is different from loss through death of a family member. These studies, however, are mostly from high income countries and the experience of family members of missing persons in the south Asian context may be different considering the diverse cultural and socioeconomic factors.

## **Study design and sampling**

Ethical approval for the study was obtained from the ethical review committee of the Faculty of Medicine, University of Kelaniya. Family members of missing individuals from Galle, Matara and Hambantota districts were identified with the help of the Grama Niladhari (local administrative officer). First degree relatives of missing persons were interviewed after informed written consent. Purposive sampling method was used due to the sensitive nature of the research topic. The sampling tried to achieve maximum

variation in terms of age, relationship to the missing individual, gender, social class, context in which the missing took place, ethnicity and religion.

## Data collection

We interviewed 24 persons between January and September 2015 to achieve data saturation. The ethnographic research methodology included semi-structured and in-depth face to face interviews which were tape recorded. The in-depth interviews and participant observation methods also facilitated triangulation.

Semi-structured interviews focused on socio-demographic factors of the missing individual and interviewee, the situations in which disappearance had occurred, their belief in the fate of the missing individual, psychosocial needs, the ways of coping and those who helped in their difficult situation. The interviews were conducted in a safe space mostly in the home of the interviewee in a sensitive manner while accounting for the social and cultural context. The interviewee was given permission to stop the interview at any point if they found the interview to be emotionally overwhelming. Initially, the interview started with general questions and then moved on to more specific information.

Data collection was conducted by two medical doctors who had post graduate qualification in Psychiatry. Steps were taken to minimize the interviewee perceiving the researcher as someone who would offer financial or other aid. It was also made clear that it was not a diagnostic interview with a view to providing medical or psychological therapy. The researchers had prior training to avoid a clinical interview pattern that could potentially introduce clinically driven misconceptions. Interviews were conducted in a place chosen by the interviewee to minimize the impact of an unfamiliar backdrop.

We have taken many steps to assure methodological rigor, including prolonged engagement with interviewees, ensuring detailed description from participants, negative case analysis, co-coding of transcripts and use of an audit trail.

Interviews were conducted in Sinhala language, which is the main language spoken by people in southern Sri Lanka. Each interview lasted approximately 1 hour. Measures were taken to assure the privacy of participants and the information gathered. The researchers did not ask direct or probing questions and facilitated the flow of information. At the end of the interview, the interviewees were given an opportunity to express any additional concerns or thoughts.

## Data analysis

Anonymised audio recorded interviews were transcribed. We used reflective approach during analysis. Each transcript was analyzed by two researchers. Manual coding was done instead of computer program-based coding due to non-availability of qualitative analytic software. Transcripts were read

through multiple times with codes generated by grouping relevant phrases and words together. Grounding of the themes was done by line-by-line analysis and constant comparison by two researchers.

Information from each section was compared and grouped until similar themes were identified. Constant comparison of thematic codes was performed. Final thematic framework was discussed among the research team to arrive at a consensus. Final thematic framework and consensus were cross checked again with the interviewees.

## **Results And Discussion**

The majority of interviewees were mothers (13) followed by fathers (4). The age range was 44 years to 81 years. Disappearances had taken place between 1988 and 2004. None of the interviewees had a history of mental disorder. The characteristics of the missing persons are listed in Table 01. The characteristics of those interviewed are listed in Table 02.

Table 01  
Demographic characteristics of the study sample

<b>1. Gender</b>	<b>Number of individuals</b>
Male	20
Female	4
<b>2. Civil status</b>	
Married	8
Unmarried	16
<b>3. occupation</b>	
No occupation	11
Non skilled	1
Skilled	8
Professional	4
<b>4. level of education</b>	
No formal education	2
Up to grade 5	2
Grade 6 to GCE O/L	9
Advanced level	6
Degree	5
<b>5. ethnicity of disappeared persons</b>	
Sinhala	21
Tamil	0
Muslim	3
<b>6. religion of missing person</b>	
Buddhism	21
Catholicism	0
Hinduism	0
Islam	3
<b>7. context in which person went missing</b>	

<b>1. Gender</b>	<b>Number of individuals</b>
Tsunami	6
Civil conflict	18
8. breadwinner of the family	9

Table 02  
socio- demographic characteristics of interviewees

<b>1. gender</b>	<b>Number of individuals</b>
male	6
female	18
<b>2. civil status</b>	
married	17
Divorced	1
widowed	6
<b>3. relationship to the missing person</b>	
mother	13
father	4
wife	3
husband	1
brother	1
sister	2
son	0
daughter	0
<b>4. education</b>	
No formal education	7
Up to grade 5	8
Up to O/L	4
Up to A/L	3
Degree	2
<b>5. occupation</b>	
unemployed	17
Unskilled	1
skilled	2

<b>1. gender</b>	<b>Number of individuals</b>
professional	4
<b>6. ethnicity</b>	
Sinhalese	21
Muslim	3
<b>7. religion</b>	
Buddhist	21
Islam	3
<b>8. Belief on the status of the missing person</b>	
Firmly believed as dead	3
Firmly believed as living	0
Not sure	21

## Thematic analysis

The following themes emerged in the interviews: Lack of closure, hope, guilt, helplessness, perpetual suffering, gendered effect of the missing person.

Table 03  
Identified Themes and Codes

Theme	Code
Lack of closure	<p>Not giving in to grief.</p> <p>Ambiguous nature of the loss of the loved one.</p>
Hope	<p>Hope was a way of maintaining connectedness to the missing person.</p> <p>Giving up on hope implied the acceptance that the missing person would not return alive.</p> <p>Helped deal with the pain.</p>
Guilt	<p>It was wrongful to be joyful and enjoy life.</p>
Helplessness	<p>Lack of reliable information about the missing person despite trying for many years.</p> <p>Financial and bureaucratic barriers to seeking justice.</p> <p>Financial hardships secondary to losing breadwinner of the family and spending large sums of money to search for the missing loved one.</p>
Perpetual suffering	<p>Experiencing intense psychological distress including prolonged grief, depression and suicidal ideation for decades.</p>
Gendered effects	<p>The economic, social and psychological impact on female family members seemed higher.</p>

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## Lack of closure

The nature of the grief is complex. It vacillates between searching for the missing, while also having given up.

A mother said, "If my son is alive, he will somehow come to see me. Even if he was tightened up with 7 iron chains, he will find the way home. Now it is more than 25 years since he became unaccounted for... So, I don't think he is alive. We are giving alms annually in remembrance of him. But we have not given up searching for him...I went to a fortune teller last week also to find out if my son is alive somewhere".

The lack of closure and ambiguity is further highlighted by the statement of this sister of the loved one. "It is nearly 27 years since my brother disappeared. We do religious activities and bless him. But we did not perform death rituals or give Panshukuula (A Buddhist blessing performed after death). It is bad if we do such things to someone alive. Our uncles and villagers asked us to give alms to Buddhist priests and invoke merits. My parents and I don't want to do that since we believe that he is alive somewhere." There is a reluctance to give in to complete grief.

## Holding on to hope

Hope is pivotal to the experience and fuels the ceaseless emotional search to reconnect with the missing loved one. The following statement by the sister of an abducted male, shows the yearnings of a mother. "My brother was abducted by men in military uniform in 1989. He had just completed his ordinary level exam with eight distinctions. My mother was continuously in a mission to find him... it was her daily routine until her death. She has never allowed us to close the front door of our house, believing that my brother would return home." Connectedness to the missing person can be enhanced by hope, which in turn may assist the complicated bereavement reaction (7).

Hope gives a reason to the survivor to continue living. A father of an army soldier said, "Believing that my son will return, helps to keep me going". It also helps mitigate the pain. A father said, "I have a belief and feeling that whatever people said, my son is alive. Actually speaking, I did not experience an unbearable shock since I believe that my son is alive somewhere. The idea in my mind is that I need to search for my son more and more".

Hope is enhanced by clutching to selective reinforcers. "I think my son is alive. I have been searching for him for more than 25 years. We listen to fortune tellers and do all sorts of sorcery. Fortune tellers say that my son is alive. A fortune teller said that he would definitely return home. Then we went to a place where they do some sorcery called "Anjanam Eli". That person also confirmed that my son is alive and is in good health. He further said he could clearly see him alive".

## Guilt

The guilt precluded normal life and the ability to move forward. A mother said, “I haven’t cooked milk rice (a traditional meal) or participated in any festive event so far. How can I be happy without my son?”.

## **Helplessness**

They faced numerous hardships. A wife said, “My children and I were left with no income after the disappearance of my husband. My husband planted jack trees in our garden. We ate jack fruit when there was nothing to eat. I do not hesitate to say this publicly. We ate plain bread and drank water. My sister helped me from time to time. She gave us rice whenever she could”.

The financial resources were further depleted in the quest for the missing person. “I lost my son 25 years ago. We lost all our sources of income, as we spent time looking for evidence of my missing son. We sold all our properties one by one. Now we don’t have any. We are now struggling to meet our day-to-day expenses”.

The efforts at seeking justice were fruitless. A wife said, “I went to make a complaint. They chased me away. We could not make a complaint. But, I took courage and went again with a neighbour. They chased us away again. So, I did not to seek justice. On the other hand, we did not have money to file a court case either”.

## **Perpetual suffering**

The emotional distress is relentless. A mother said, “Since the day my son disappeared, I haven’t slept. I wake in the middle of night and cry. The other children asked me to forget about it. How can I do that? He is the world to me. I am just living. If someone gives me food, I eat”.

It results in somatic ailments and health seeking behaviour. Another said, “It was very difficult to bear my son’s loss. I was unwell for a long period of time and suffered a lot. I had various difficulties, pains and aches. I had to take a lot of medications and saw several doctors. At the end, the doctor said that I don’t have an illness. Then the doctor had inquired from my daughter whether I have any worries. Then she told him that I am worried about the disappearance of my son who was serving in the army. Then Doctor asked me to go to my village, socialize with my relatives, get involved in religious activities and listen to the radio. He also explained that I am not the only mother whose son was unaccounted for”.

Others had prolonged grief and depression. A mother said, “The pain of losing my son was so overwhelming that I went out of the house at midnight when all the family members were fast asleep, to jump into the well and kill myself. My husband had seen me going towards the well and shouted. Then all the family members woke up and took me back to the house. No one can understand the pain I am going through. I know everyone dies, but my son died untimely, and it was very unfortunate to lose him. I feel very lonely without him. It would be better if I die. Then again, I think I have two other children. I do some meritorious act every day for him”.

## **Gendered effects**

The effect of loss was more pronounced in females. A mother said, "If my son had been with me, things would have been much better for me. He would have taken me to the doctor, and I am sure he would have been there for me in my difficulties".

The traditional gender roles impacted on their lives. A wife said, "It was with great difficulty that I brought up my children. Now they are grown up. I struggled a lot to feed them. My husband provided for the family. In his absence we were all helpless. I got some financial aid from his relatives. It took so many years to get the money we were entitled to have, from his employer. It was a huge challenge for me to go through the bureaucratic processes".

## **The needs of family members of missing persons**

In the semi structured interview, the pressing need in eleven respondents was to know the fate of the missing individual. Even then, whether such knowledge would console the living is questionable. As one mother summed it up, "I just want my son. I don't want anything else".

Others identified financial needs and the need for psychological support. Of the 24 interviewees, 13 felt they were stigmatized and marginalized by the rest of the community.

## **Discussion**

'Ambiguous loss' disenfranchises the normal grief process and leads to a prolonged 'vacillating grief'. A grief which vacillates between hope and despair. The lack of a closure, mitigating any efforts to move on through the interplay of guilt and the denial of the inevitable. An intense helplessness and perpetual suffering that struggles to make sense of the predicament and to attain cognitive consonance in the midst of uncertainty. The phenomenon captured by the term "living in limbo" (Holmes, 2008).

Lack of closure is fundamental and a recent study from Sri Lanka showed that even subsequent confirmation of death prevented psychological morbidity in the form of depressive disorder and prolonged grief (6). In 20 out of the 24 interviewed, no religious or farewell ceremonies had been performed for the missing person. Such ceremonies undoubtedly facilitate closure(9, 10).

Family members of missing individuals often reject offers of death certificates or accept reparations, since it is contrary to their hope due to the lack of closure.

In Sri Lankan culture, people turn to fortune tellers to know the possible outcome during uncertainty. The false information provided by fortune tellers, renews hope. This further confounds the situation and leads to a renewed effort to seek out the missing person spending large sums of money by selling their property or borrowing.

## **Prolonged suffering**

Bowlby described that failed attempts to restore missing relationships often results in perpetual distress and agony (11). This perpetual suffering was evident in our findings. It had psychological and psychosomatic ramifications. The higher risk of developing physical and mental illness in the context of chronic stress is well documented (5).

Studies on psychological consequences of family members of missing persons are limited (5). A study done in Bosnia and Herzegovina reported that symptoms of post-traumatic stress disorder(PTSD) was significantly higher in wives of missing individuals than in those who had been exposed to other traumatic experiences during the political unrest in their country (12). Most of the research looking at psychological morbidity has focused on PTSD. But, ambiguous loss is essentially a relational issue and the trauma is ongoing.

A study done by ICRC in Sri Lanka reported that family members of missing individuals experience a high level of psychological morbidity. Of 321 participants, 51% showed anxiety symptoms, 58% showed symptoms of depression and 15% showed symptoms of PTSD (13). Professor Pauline Boss showed that people who experience ambiguous loss are at a higher risk of developing depression, anxiety disorders, and substance use disorders (1, 14). However, these studies focused on symptoms of mental illnesses and categorical diagnoses was not made.

Caution should be exercised when making a diagnosis in family members of missing persons. When they are screened for depressive disorder, prolonged grief disorder or PTSD, it should be kept in mind that symptoms of ambiguous loss can be attributed to mental disorders. On the other hand, most symptoms of depression, prolonged grief disorder and PTSD tend to overlap (15).

Survivor guilt impedes on enjoying life as before. Family members left behind believe that they give up on the missing person if they started living normally. They do not attend festive events such as weddings and do not cook food that they prepare for festive events. This creates self-imposed barriers to their happiness.

## **Role of Gender**

There is a gendered impact on disappearances (16). When the disappearances occur in the context of civil conflicts the majority of disappeared persons are males (16). Therefore, the economic, social and psychological impact on female family members is relatively high (17, 18).

Disappearances cause greater impact on older females (16). In most cultures, children, especially male children, support their parents in their senior ages. When their children become unaccounted for, they are deprived of security and financial support which could have been received if their missing son had lived with them (16).

Wives face the dual challenge of managing the family responsibilities in the absence of the missing husband, and the grief stemming from the loss (16). There can be many bureaucratic hurdles in accessing the husband's salary, bank account, and other properties in the absence of a death certificate

(16). In some cultures, bodily markings are used to signify the status of marriage. In Tamil culture in Sri Lanka, married women are expected to wear 'thali' (a jewellery item) and kungumappottu (a red mark on the forehead) (16). When a widow or a wife of a disappeared person wears such bodily markings, the symbols are considered as an ill omen. As a result, wives of missing persons do not enjoy the same privileges as their married counterparts, which may discourage them from attending public events (16).

## **Family roles**

Families in southern Sri Lanka live with their extended family which can be helpful in many ways in the face of adversities. At the same time, living with an extended family can be a great source of stress as well. The majority of interviewees in our study identified that their family members are helpful when coping with the stress of ambiguous loss. However, some mothers whose sons went missing reported that family members blame them and remove the photograph of the missing son as they are always mourning looking at the son's photograph.

When a family member is physically absent, but psychologically present most of the time, the family members' perception of who is inside or outside the family system is blurred. Ambiguous loss confuses boundaries of family members resulting in boundary ambiguity. Most of the missing individuals are young males in southern Sri Lanka (5). In Sri Lankan culture, male partners ensure the protection of the family. In their absence, families feel that they are not safe as before (13). In the absence of the breadwinner of the family, others have to take the responsibility of earning money which can be quite challenging. Hence ambiguous loss disturbs relationships and dynamics of everyday life in the family.

## **Limitations**

It should be noted that there may have been other losses and stressful events which may have cumulatively affected the grieving process. The sampling is from a specific geographical location and socio-cultural context.

There is also a possibility that the researcher could have been perceived as someone who could deliver assistance or compensation to the interviewees. This could lead to exaggeration of the impact of the disappearance. Some families were involved in socio-political activities to determine the truth or seek justice with regard to the missing individual.

## **Conclusions**

Family members of missing individuals experience a unique kind of grief, vastly different from grief following bereavement. Lack of closure, holding on to hope, guilt, helplessness, perpetual suffering and gender roles impact the loved ones of the missing. There is a vacillation between hope and despair that prevents acceptance of the loss. The individuals are essentially "locked-in grief", unable to move on.

## **Declarations**

## **Consent for publication.**

All three authors consented this research to be published.

## **Author contribution.**

All three authors were involved in conception and design, or analysis and interpretation of data drafting the article or revising it critically for important intellectual content and final approval of the version to be published.

## **Competing interests:**

None.

## **Declaration of Ethical standards.**

The authors confirm that all methods were carried out in accordance with relevant guidelines and regulations.

The authors confirm that all research protocols were approved by ethic review committee, University of Kelaniya, Sri Lanka and informed written consent was obtained from all the interviewees.

The authors assert that all procedures contributing to this work comply with the ethical standards of the relevant national and institutional committees on human experimentation and with the Helsinki Declaration of 1975, as revised in 2008.

## **Availability of data and materials**

The data sets used and/or analysed during the current study available from the corresponding author on reasonable request.

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