Young Bereaved Siblings of Security Personnel in Israel:  
Growing Up in the Shadow of Mourning Parents

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# Introduction

Bereavement is a universal, existential human experience, expressed in the art, religion, and traditions of human cultures and societies. It is a common term for referring to a state of loss, especially the loss of someone dear, with all its physical, psychological, and social consequences (Christ et al., 2003). Although the words “grief,” “mourning,” and “bereavement” are often used interchangeably, grief is actually the bereaved person’s emotional reaction to the loss, while mourning is its behavioral expression within a given social and cultural context (Stroebe et al., 1993, 2001). The current paper addresses the bereavement of children and adolescents, between the ages of 0 and 21, who had siblings who died while serving on one of Israel’s security forces. Its aim is to better understand the lived realities and subjective experiences of young bereaved siblings. In addition, this study attempts to identify the special needs of such children as they grow up in grieving families. It focuses especially on how their special needs interact with those of their bereaved parents, as well as how these interactions affect responsiveness to the children’s needs.

# Theoretical Background

The following literature review will be framed most broadly with the concept of bereavement, conceiving of “grief” as bereavement’s most distinct mental phenomenon and “mourning” as its most conspicuous behavioral expression. First, we outline similarities and differences between parents’ and siblings’ bereavement, emphasizing needs and the satisfaction of needs. Wherever the literature affords it, we also consider the particularities of bereavement among families of security forces personnel.

Coping with bereavement is a process that begins with the death of someone dear and lasts for a person’s entire life. Its outcome is determined by many factors: the type of loss, the relationship to the person lost, the circumstances of the loss, its societal and historical context, individual characteristics such as cognitive and emotional capabilities, the availability of resources, and more (Bonanno, 1999; Kaunonen, 2000). Successful coping allows the bereaved person to regain control over their life and continue with it on a normal developmental path without major detrimental effects (Shuchter & Zisook, 1993). Unsuccessful coping (often referred to as “complicated grief”) may result in severe, sometimes permanent disadvantages; impaired functioning and health; and even chronic and disabling illness (Middleton et al., 1993).

## Comprehending and Acknowledging Death and Loss

Coping with death requires a certain comprehension of the concept of death. While parents have generally had previous encounters with death and dying that help them understand its meaning and consequences, children and adolescents may be less cognitively equipped to grasp these ideas (Bonoti et al., 2013; Himebauch et al., 2008). To face the loss of their sibling, they may need people to mediate their understanding, to explain to them the facts of life and death (Boyd Webb, 2010; Chadwick, 2012). Taking part in funerals and mourning ceremonies—for example, the Jewish Shiva, a week-long mourning period with substantial community involvement—may be helpful for acknowledging the loss of a family member and accepting the reality of death and bereavement through shared experiences with benevolent others (Smilansky, 1987). Attending such ceremonies offers a bereaved person important clues about and physical evidence of a loved one’s death that may help them internalize it as fact. The person’s ability to observe with their own eyes, for instance, where the deceased is buried, and where they have a place among many other people long gone, provides evidence of the finality of death and the fact that death occurs in every family. The presence of a grieving crowd attending a mourning ceremony testifies to the fact that others, too, acknowledge the deceased’s death, and enables the expression of grief-related emotions. Being excluded from such ceremonies, as children sometimes are, renders them bereft of crucial information that could have become the mental foundation for their coping, and may exacerbate loneliness, puzzlement, fear, and helplessness (Jeffreys, 2005).

## Preserving a Sense of Meaning

Two additional factors that may have an impact on mental adjustment after the loss of someone dear are (1) the suddenness or unexpectedness of the death and (2) the degree of violence involved in the circumstances of the death (Worden, 2018). Unexpectedness challenges the assumption of a predictive world (Hall, 2014), while violence shatters the assumption of a meaningful world-order altogether (Armour, 2003). Both factors substantially decrease the likelihood of the bereaved person coping successfully with their loss (Currier et al., 2017).

Armour (2003) writes that, after a sudden and violent loss, the bereaved person’s “meaning system implodes, and they enter a netherworld, where they fight to find footing in a world that no longer fits.” Gillies and Neimeyer (2006) therefore point out the bereaved person’s need to make sense—to reconstruct meaning—in the aftermath of losing a loved one. For adults, this means reasserting, in the face of the disrupting event, a sense of purpose, order, and control they may have once had. For children and adolescents, however, it might imply gaining—despite the disrupting event they have just experienced—a sense of purpose, order, and control that they had not yet achieved in the first place. Both parents and siblings therefore need to find meaning following their loss. But while bereaved parents struggle to recover faith in the world they once knew, young bereaved siblings struggle to develop faith in a world they have just started to discover. Their degree of success with this task might substantially affect their image of the world they live in, as well as their self-image, thus determining much of their future development.

## Sustaining Family Functioning

A central component of this world for almost any human being, and most definitely for almost any child, is their nuclear family. The loss of a child has cataclysmic effects for the entire family system, their relationships, functioning, daily routine, and more (Walsh, 2002). For the first days and weeks after the death, socially required mourning ceremonies may replace much of the family’s normal schedule. During this time, the bereaved family members generally suspend work or school activities and, to the extent that they can rely on significant others, fulfill few of their regular chores. When the mourning period ends, the family system begins orienting to its new reality. In this process, the family renegotiates, reorganizes, and transforms their continuing bond with their lost loved one into a postmortem relationship (Neimeyer et al., 2006). In Rubin’s Two-Track Model of Bereavement (TTMoB; Rubin, 1981, 1999), this process is Track II. Track I, which runs in parallel, is the recovery of biopsychosocial functioning. In this process, the characteristics and efficacy of the reconstructed family-system relationships (among the survivors or with the deceased) may play constructive or obstructive roles in the adaptation and restoration of functioning (Stroebe & Schut, 2005). Another useful model is Margaret Stroebe and Schut’s Dual Process Model of Coping with Bereavement–Revised (DPM-R; Stroebe & Schut, 2015), which incorporates parts of Rubin’s TTMoB. The DPM-R describes the everyday experience of bereavement, integrating individual and family levels of coping with the stressors of loss and restoration. Loss-oriented tasks include acceptance of the loss, sharing the experience of grief, adjustment to life without the deceased, and the relocation of the deceased. Restoration-oriented tasks include acceptance of the changed world, distraction from grief in order to participate in non-grief-related activities, attending to ongoing life and relationship changes and moving on, and the distribution of roles. In order to cope successfully with loss-oriented and restoration-oriented tasks at both the individual and family levels, a person must be able to face or distract from any orientation at any level as necessary. This results in an oscillating, back-and-forth process between the orientations and levels. Unbalanced oscillation patterns and incompatibilities between individual and familial patterns of oscillation may result in difficulties coping with necessary tasks and in family conflicts.

Buckle and Fleming (2011) have identified various forms of possible maladaptation. For example, family communication may be compromised if the memory of the deceased becomes either taboo or the dominant topic of most conversations, or if family members approach the topic in ambiguous ways. If distraction from grief becomes difficult, essential roles may not be redistributed effectively, rendering the family unable to cope with challenges related to its development and change over time. Consequently, routines of family life may be neglected, which may lead to dysfunction. Moreover, if inadequate family functioning prevents family members from having their needs met, conflicts may arise.

Scholars and practitioners generally agree that the sustaining of family functioning is essential for successfully coping with grief (Rabenstein & Harris, 2017). Both the parents and siblings of the deceased need a family system that allows open emotional and functional communication, coordination and fulfilment of roles, distribution and execution of tasks, reliable routines, and a sincere family climate (Kissane, 2014; Walsh, 2016). Because of their greater dependency overall, children and adolescents need their families to provide them with ample support, even more than adults do. When parenting becomes compromised in the wake of traumatic loss, children may face what Rosen and Cohen (1981) call a “double loss”—of both the deceased sibling and the parents—where the latter become emotionally and functionally unavailable to the child. Therefore, beyond the needs mentioned so far, bereaved siblings also have a distinct need for adequate parenting and parental guidance, especially when faced with navigating their own development and growth despite the loss of their sibling (Horsley & Patterson, 2006).

## Negotiating Status Within the Community

As previously mentioned, the mourning customs of a given society predetermine much of a bereaved family’s interactions with their community in the initial period after their loss. This is especially true for bereaved families of security personnel in Israel. Immediately after the death of personnel member, the Department of Families and Commemoration of the Israeli Ministry of Defense, which is entrusted with the care of bereaved families, takes over the families’ mourning process. They escort the bereaved parents from their moment of first receiving the news of the death through the first stages of mourning, even accompanying them in mourning through the rest of their lives. Paradoxically, as Harrington-LaMoire and McDevitt-Murphey (2011) point out, this may lead to bereaved parents taking on the role of “professional grievers,” where they “live with the chronic spotlight of their child’s death at many public services, memorial events, holidays, plaque unveilings, and ceremonies.” Malkinson and Bar-Tur (2000) observe that this phenomenon is especially intense in Israel, where Israeli society has historically shown a pronounced interest in preserving the memory of those who gave their lives for the state’s survival. In spite of this, bereaved parents may nonetheless have some control over their public status or be able to negotiate their roles according to their own needs for public recognition and support. Bereaved siblings, however, have no predefined public status in Israeli society, and are often unrecognized and overlooked in the public mourning process.

Being able to negotiate a social status that affords recognition and social support is an essential need for the bereaved (Burke & Neimeyer, 2013; Kaunonen et al., 1999). It is widely recognized that the bereaved sibling’s status is less defined and their needs often ignored (Gillance et al., 1997). This is especially painful for children and adolescents, who have distinct needs for peer recognition. This is conspicuous in one of their most important environments—the educational system (Hogan & Schmidt, 2015). Teachers and educators often may not know how to address bereaved siblings or offer them support; ultimately, many may not even try (Papadatou et al., 2002). Peers too, may be puzzled and uncertain as how to approach a bereaved sibling, and, out of wariness, they, too, may prefer to relinquish social contact with them altogether (Gerhardt et al., 2012). As a result, bereaved siblings may often feel misunderstood by adults and by their peers (McKissock, 2017), and their need for social support may go unmet.

## The Role of Professional Helpers

If family functioning and, especially, parenting are preserved, support within the family may be sufficient to meet most of the bereaved sibling’s needs (Stokes, 2009). But, as previously stated, in many cases the bereaved sibling suffers a double loss—of their deceased sibling as well as a supportive family system. In such cases, outside intervention and support from professional helpers may be needed (Wender et al., 2012). Support services for bereaved children are found to be most efficient for children exhibiting pathological grief reactions, but also of benefit to the majority of those without clinical symptoms (see Curtis & Newman, 2001; Rosner et al., 2010; Stokes, 2009). As will become relevant in the conclusion to the present article, Jones et al. (2015) have developed a model of support for bereaved children comprising four levels of support and services for the children and four levels of competencies for professional helpers. For the support and services, the levels are (1) information and guidance, (2) organized bereavement support services, (3) professional counseling, and (4) psychotherapy and mental health services. The competency levels for the professional helpers are (1) awareness of grief and grief-related issues, (2) knowledge and basic skills for supporting bereaved children, (3) substantial professional experience, and (4) expert knowledge and skills.

# Methodology

Our research focuses on a central question: What are the life experiences of bereaved siblings? Supporting our inquiry are the following specific questions: (1) What are the needs of young bereaved siblings at different stages in their lives? (2) What responses do young bereaved siblings receive to their expressions of need? (3) What is the nature of young bereaved siblings’ family relationships? (4) What is the nature of bereaved young siblings’ social relationships?

This is a qualitative, narrative study based on the life stories of bereaved siblings. Narrative research is characterized by the study of narratives—descriptions of a series of events—that can be statements or brief stories in the narrator’s personal language and style, generated in response to researchers’ open-ended questions (Josselson & Lieblich, 2001; Pinnegar & Daynes, 2007). Some narrative studies seek, beyond understanding of the phenomenon under study, to bring about personal, social, or political change. Such motivation can elicit positive change among interviewees following their recounting of significant life events (Chase, 2005). The researchers, for their part, seek to “give a voice” to underprivileged populations by publishing the narratives told to them (Spector-Marzel, 2010). This study seeks to highlight the voices of bereaved siblings as communicated in the stories they shared with us. Their sharing of their experiences provides them with the opportunity for change at personal and social levels, as well as potentially at the level of policy that dictates how they are treated.

## Research Tool—Focus Groups

were used to Focus groups are a strategy for gathering rich information about people’s experiences, meaningful insights, views, opinions, and beliefs in a variety of life situations. Although there is no agreed-upon number for an appropriate group size, it is recommended that adult focus groups have 10–12 participants (McLafferty, 2004). Our study used nine focus groups, and their members included adult bereaved siblings, bereaved parents, and professionals from relevant organizations. The adult bereaved siblings ranged widely in age, and their experiences of bereavement were from different periods of Israel’s history. The focus groups were held throughout the country, so as to represent bereaved siblings from diverse communities and regions. All groups were moderated by social workers from the Department of Families and Commemoration and conducted using a uniform protocol of open-ended questions related to our research questions. The sessions ranged in duration from one to two hours, and all content was transcribed.

## Participants

The study involved 81 participants. Adult bereaved siblings, all of whom were children or young adolescents at the time of their sibling loss, accounted for 47 of the participants. They constituted five of the focus groups—four groups for Hebrew speakers and one for Arabic speakers. Three focus groups represented service providers: (1) a group of 14 casualty officers from the Israel Defense Forces, Israel Prison Services, Police, and Israel Border Police; (2) a group of six external therapists for bereaved families, educational consultants and counselors, and one representative from a relevant NGO; and (3) a group of six social workers from the Department of Families and Commemoration. The final group consisted of bereaved parents with young children below the age of 21 (seven participants).

## Analytical Methods

To analyze the narratives, we applied manifest content analysis, which involves describing what the participants said and adhering to the narrative texts, i.e., using the participants’ own words. The texts were read and re-read several times by each of the research team members independently to ensure analytical validity (Graneheim & Lundman, 2004). Following Charmaz (2017), we used open coding to define key categories emerging from the data (Denzin & Lincoln, 2011). The process involved the following steps: (1) initial line-by-line coding; (2) conceptually focused coding; (3) axial coding to consider relationships between codes generated, including the comparison of categories and subcategories; and (4) theoretical coding to explore and integrate relationships between codes and to record emergent ideas in memos. Themes emerging from the narratives were then mapped according to interconnections between the codes (Corbin & Strauss, 2015). Finally, we compared results from study participants across the different groups by classifying participants’ responses according to the themes or domains identified—a standard analytical technique for comparing qualitative data (Bernard et al., 2017). We presented preliminary results of this study at an international conference to an audience of bereaved siblings and parents, professional helpers, and researchers (Mehlhausen-Hassoen et al., 2019). Feedback to our presentation was positive, and our findings aroused considerable interest.

# Findings

Our research questions focused on the experiences of young bereaved siblings, particularly their needs and responses given to their needs, or lack thereof. Our findings are organized according to a chronological sequence of events, beginning with the family receiving news of the death, moving on next to the early stages of bereavement and its impact on family dynamics, and finally looking at ongoing bereavement and its impact on the bereaved sibling’s development over time. A variety of insights emerged from the participants in the focus groups as they offered not only their personal perspectives, but also the experiences of others in their environment. The sequence of events emphasized is primarily from the bereaved siblings’ and parents’ point of view, but also from that of service providers involved in their care. Analysis of the findings shows that extensive parts of the group discourse were focused on two topics: needs and responses.

Since this structure of the time sequence, perspectives and focus on issues occurred spontaneously and across all the groups, it is reasonable to assume that this is significant for the participants in processing the issue at the center of this study. Therefore, the presentation of the findings below recreated, as much as possible, the structure of the discussions in the focus groups.

## Receiving Notification of Death; the Funeral and Mourning Period

A period of bereavement that received a great deal of attention in all the focus groups began with the receipt of the bad news, continued to the funeral, and concluded with the end of the 7-day mourning period (Shiva). Participants described this period in detail and in highly emotional terms, emphasizing how extreme the experience felt. They stressed how it was deeply engraved in their memories as a sequence of dramatic and traumatic events, and how this period was a turning point after which nothing would be as it was.

### The Bereaved Siblings’ Perspective

Descriptions of chaos and experiences of confusion and uncertainty stand out in the bereaved siblings’ stories of this period. At times, their confusion was so great that even key facts were unclear. For example, some siblings were not sure whether someone had been killed at all or who that person was. One participant describes experiencing five days of uncertainty about her sister’s fate:

After three days I was taken to another house by relatives and my cousin came and I asked her how my sister was. For five days I thought she was injured and not dead. I did not imagine she had been killed.

Another participant describes a chaotic chain of events ending in feelings of embarrassment at her uncertainty about which of her brothers had been killed:

I was 12 at the time… We were at school. The secretary came in and turned to me: “They are waiting for you.”… [Later at home] Mom told me: “You can come in, your brother was killed”—that’s how I found out. At the time I had two brothers serving in the army and I didn’t know which of them had been killed.

Another common theme was the siblings’ feeling of being kept away from what was happening. One participant who was eight years old at the time reported: “They sent me to Haifa for a few days. I heard the message. A friend opened the window and announced it. Screaming began and I was kicked out…” Sometimes the distancing blends together with the young child sibling’s lack of understanding, which adds to their feeling of helplessness. One participant said: “I have pictures, I have no memory. I have a picture; I did not understand what death is. I have one memory from the Shiva and that’s it. I was not at the funeral.”

Some of the participants remain angry and resentful to the present day about their exclusion from the events surrounding their sibling’s death. A woman who was 15 years old at the time said: “I’m angry with people who took him to the community center—they took me out of there. We wanted to see him, to touch him…” Another participant said: “…I was not at the Shiva.… How could they do this to a child!” But even when they were involved, their experiences were traumatic. “We all fell apart at the funeral. My parents went crazy, I ran away, I hid… It traumatized me to this day,” said one participant. Another participant reported: “I was 12 and the ground was dropping out from under me. It was as if we [the siblings] were transparent. No one saw or told. Nobody related to us.” Some of the bereaved siblings remember feeling the desire to say goodbye to the sibling who was killed, but the need going unmet: “We wanted to see him, touch him… I approached to kiss him, but they pulled me back and told me, ‘We want you to remember [your brother] as he was, not with the marks on his face.’”

### The Bereaved Parents’ Perspective

It appears that the parents sometimes had an understanding, at least in part, of what their surviving child was experiencing. Nonetheless, there was obviously a great deal of confusion, a sense of helplessness, and a lack of guidance and assistance. Some of the parents expected that others (such as professionals from the security forces or others who were in the field) would take responsibility for their children. For example, two parents recounted:

The children overheard everything…no one talked to them…officers came…they talked to me and not to them. They understood only from what they heard. Eventually, I informed my younger son. There was no one who paid attention to this and unfortunately no one took responsibility.

When helpless parents encounter helplessness from the professionals, and do not receive adequate responses to their own needs for assistance with their surviving children, they alone must deal with a situation for which no one is prepared.

### The Service Providers’ Perspective

The service providers’ stories reflected both the children’s and parents’ predicaments, offering an integrative perspective. They revealed sensitivity toward the situation and awareness of how exceptional it was for the family as a whole, as well as awareness of the individual family members’ unique needs: “The kids remain in the background, there is no one to embrace them”; “A little boy, a neighbor taking care of him. There are children who do not attend the funeral”; “The parents are hesitating—how to present death [to their children].”

At the same time, service providers maintained that responses to the children’s needs should come from their parents: “They need to be seen, preferably by their parents.” It therefore remains the prevailing view among service providers that the professional focus of care should be on the parent, and that parents should therefore be responsible for responding to the needs of the children: “The siblings—were not related to at all… Relating to the siblings—only in the last 7–10 years… In the past relating to them was only through the parents.” Even when service providers are aware of the parents’ expectation of assistance in dealing with the siblings, they do not see themselves as the appropriate means of intervention: “Although sometimes, there is a desire on their part that we take care of their children, we return [this responsibility] to them.” Service providers explained the difficulties they experienced in this arena as a lack of availability and skills coupled with an internal mandate to work with bereaved young siblings: “We are not available enough to do the work with the bereaved siblings, to reaching out”; “Wars occur in the summer, many times we do not have supervision in the summer…”; “This is not in the system’s awareness and frame of reference. The law must recognize who the clients of the Memorial Division are. Today it is the parents. The siblings are by virtue of an internal directive.”

## The Effect of the Loss on Family Dynamics

In all the groups, descriptions emerged of how the death affected family dynamics following the end of the Shiva mourning period. Family atmosphere changes, relationships change, previous family customs disappear, and new ones are created. Sometimes a kind of family “censorship” sets in—there are things that cannot be done or talked about. Roles change or shift. Overall, family dynamics undergo changes and even upheavals.

### The Bereaved Siblings’ Perspective

For the bereaved siblings, the death leads to loss of their family unit as they knew it. Their words express a sense of destruction: “Afterwards there was no home in my life anymore”; “It causes the family to disperse.” The destruction of the home is sometimes linked to the cessation of the parents’ normal functioning, at times to the point of the appearance of psychopathology or physical illness: “The home is gone, the supportive parent column is gone. They break to pieces…”; “Dad worked outside; he was [in an important public position]”; “Mom sank into depression…”; “My mother did not function for five years. My dad went down to the basement and cried all the time.” As a result, many children experience role reversal as they become caregivers to their parents and younger siblings:

I became the mother of my siblings… There is this thing of getting up out of nowhere and that I lost my parents and got them as young kids. The fear was immense that I was not doing a good job and they would die.

Given these circumstances, some of the bereaved siblings voiced the need for a person to turn to: “A child needs help. Someone needs to see this. The parents are busy with their grief. The child is detached and needs someone to take care of him.” Daily routines became saturated with grief, with no room for joy:

I remember the mourning that pervaded the house…many years after the death… the atmosphere was harsh… we did not watch TV for three years… it wasn’t allowed. Things like that… We didn’t even have a barbecue. Why? [Because] there is mourning.

Yet, some participants indicate a constructive organization of family around mourning: “In our case, it consolidated us. We would look for videos and sit, laughing together. Constantly talking, looking for friends outside our village to hear if there are friends, photos, letters.”

### The Bereaved Parents’ Perspective

The bereaved parents revealed awareness of the grieving processes the children described, as well as of the different stages of the children’s grieving: “There is a difference between the first and second year… My child is just now talking about his brother having been killed…” They also understood the changes in family routines and their impact on the surviving siblings:

My daughter was a year old [when he passed away] and she grew up in bereavement. The day of his death was the day after her birthday. In the early years we did not celebrate my birthday. Now after 15 years, first we have a memorial and then a birthday celebration.

Nonetheless, parents sometimes reported feelings of helplessness: “One of the things that is needed is parental guidance—how are we supposed to cope?” In some cases, bereaved parents even asserted that someone should take over from them—at least in part—their roles toward their surviving children that they are unable to fulfill: “Someone needs to take the reins from the parents.”

### The Service Providers’ Perspective

Professionals, once again with sensitivity and awareness, noticed changes in family dynamics and their implications for parents and children: “When everyone leaves [after the Shiva] he [the sibling] is left alone with parents who have ceased to be a reference point for him.” They viewed the parents’ functioning vis-à-vis the surviving children as an indicator of the entire family’s coping quality, and recognized that some family dynamics were based on a kind of competition between different types of bereavement. Parental bereavement was considered the most difficult while sibling bereavement was secondary: “[The siblings] become secondary or even tertiary in the hierarchy—a hierarchy of misery: first the parents, then the deceased brother, and the bereaved siblings at the end.” In the eyes of service providers, this situation creates a special tragedy. Not only do the children lose their primary caregiver figures (“”), but they also compete with them for the right to mourn.

## The Impact of the Loss on the Personal Development of the Bereaved Sibling over the Life Course

### The Bereaved Siblings’ Perspective

The impact of bereavement on their lifelong development was evident to the bereaved siblings: “My parents were not there for me. They never asked how I was. I thought I needed to compensate them. This has not changed to this day.” Some of these role changes vis-à-vis their parents were oriented toward filling the place of the deceased sibling, causing the bereaved sibling to experience their own existence in terms of another’s: “I did everything possible to perpetuate him [brother’s name].” The changes that the bereaved siblings experienced in their family roles accompanied them through the life course. Some described effects of these changes on their own behavior in the families they established as adults:

It has stayed with me for many years. Then I became a mother, and I brought all the anxiety to my children who grow up anxious because we have already had that “knock on the door”… We are a bunch of damaged people…

… I even delayed my divorce so as not to hurt my parents.

Yet, in some cases, the bereaved sibling’s development took a positive turn in response to the loss and bereavement:

I became an optimistic child because of what I went through. I know how to be thankful for today because I do not know what tomorrow will bring. This is a motif that will lead us because we have gone through this…

### The Bereaved Parents’ Perspective

The bereaved parents made almost no reference at all to the consequences of bereavement on their children’s development. They did, however, mention their academic development and school connections, perceiving their educational achievements as indicative of their overall condition. Good achievements led parents to conclude that the child’s condition was similarly good. And when educational achievements suffered, parents understood there to be a problem, but also expected solutions to be provided by the educational system:

We have reached a second year, suddenly the difficulties [in studies] arise… Then comes a teacher who understands but does not really understand what a bereaved sibling is… I turned to the school counselor… You must address this issue…

I feel as if I do not have the tools to teach them [the teachers] what to do. I expect some sort of mediation with the school.

Parents also mentioned the educational system in relation to special occasions and events, such as national memorial days: “For example, in preparation for Remembrance Day… put out warning signs that need to be heeded…”; “We found ourselves… when our son[’s class] was taken to a Golani Brigade museum. No one prepared themselves for this. Browsing through the pages and suddenly [the picture of the fallen brother]. There are things that suddenly appear…”

### The Service Providers’ Perspective

Service providers painted a different picture from that offered by the parents. Professionals accompany bereaved families for years, even decades, and see bereaved children develop before their eyes. Although they usually do not support them directly, they still witness their lives, and therefore offer narratives that are largely consistent with those of the children. The service providers’ narratives offered professional insights into the children’s experiences, which they expressed with professional terminology: “…the bereaved sibling’s anxiety surrounding his own death. Suddenly life is unsafe. There is an existential anxiety that did not exist before”; “They have a ‘business card’ of the bereaved sibling for themselves and the public. There is always a fear that they will be pitied.” The service providers also received conflicting messages from the bereaved siblings, which sometimes limited their ability to offer help: “The boy can come and say, ‘I want to be like everyone else!’ When you are actually seeing him shout ‘Help me!’”; “In the moment of truth, they—especially teenagers—do not want to talk. They say ‘we’re fine.’”

# Discussion

Our discussion is organized according to the same chronological order of events as in the “Findings” section. In order to answer our central research question, we highlight bereaved siblings’ experiences growing up in grieving families and the special needs they expressed.

## Receiving Notification of Death; the Funeral and Mourning Period

Starting with the receipt of the death notification by the family, a period of transition and transformation begins, marked by the funeral and the customary mourning period. The adult **bereaved siblings** describe a period of chaos and confusion, a situation previously unfamiliar to them and their family, where everyone seems equally helpless. Many described an experience of being left out of the process, actively distanced, and even excluded, deprived of the opportunity to gather information needed to understand the changing reality. Due to their young age, lack of life experience, and less-developed cognitive faculties, they struggle to make sense out of the little they hear and see. They remain with many questions, few answers, and a mostly incoherent understanding of the events unfolding. They do not receive age-appropriate explanation or mediation which might help them better understand a situation that is anyway difficult to grasp. Similar situations have been described in the professional literature, which asserts that children need mediators to convey necessary information ways they can understand, and that, lacking such mediation, children may struggle to cope (Bonoti et al., 2013; Boyd Webb, 2010; Chadwick, 2012; Himebauch et al., 2008). Kaunonen (2000) argues that emotional and cognitive capabilities in combination with the circumstances of the loss may determine much of the outcome of the grieving process.

Their **bereaved parents** well recognize the bereaved siblings’ distress. Their description of the events largely matches those of the children. However, the parents describe themselves as so distressed and locked within the turmoil of emotions and thoughts, that they are almost incapable of coping with their own fate, let alone facing the needs of their other children. They lean on the expectation that others will step in, especially professionals who supposedly know how to handle such a situation. They wish that the professionals would care for their children in their place, or at least instruct them precisely how to behave. The parents’ inactivity despite perceptible signs of stress in their children may be interpreted as the very first sign of the parental dysfunctionality described in the literature (Neimeyer et al., 2006; Walsh, 2002).

The **service providers** in the current study are usually the only professionals available at this stage of the family’s sudden tragedy. Even before they arrive at the scene, their professional understanding and their experience allow them to anticipate the chaotic situation of the deceased’s younger siblings. Hence, when they do arrive, they can easily identify those children’s distress and correctly assess their needs. They also precisely comprehend the parents’ expectations from them – to help by attending to the other children. Their effectiveness is hindered, however, by a combination of internal and external factors. The service providers’ mission is to care for the bereaved parents—their predefined clients. Accordingly, the professional training they receive prepares them for only this specific task. As a result, service providers feel a lack of competence in tending to the children, and the younger the children are, the more the providers are convinced that they lack the necessary professional skills. Furthermore, corroborating the bereaved siblings’ descriptions of chaos and confusion, the service providers report feeling pressure to attend to their duties and to create order at the scene. They therefore either try to accommodate the children elsewhere, or ignore them altogether.

The service providers’ choice is in accordance with the assumption that child-rearing and the responsibility for the child’s well-being is not only the duty of the parents, but their exclusive right. Whenever professionals such as social workers, take upon themselves the care for someone’s children, their intervention often causes public skepticism and pushback. Challenging the bereaved parents’ parenting ability during their darkest hour might be perceived as extremely offensive and rude, placing even more pressure upon someone who is already “broken.” This would obviously be contrary to the mission that brought the service providers to the scene in the first place. Given these circumstances, service providers appear to have largely adopted a support paradigm where they consider supporting the parents as the best way to support their children (Stokes, 2009). Although intelligible, this approach might nevertheless be insufficient in the types of extreme situations described by all three groups in the current study, as well as an inadequate response to the bereaved siblings’ needs for participation, information, and mediation (Wender et al., 2012). It runs contrary to a growing body of professional knowledge that stresses the importance of professional intervention even for the youngest sufferers of bereavement (Curtis & Newman, 2001; Jones et al., 2015; Rosner et al., 2010).

## The Effect of the Loss on Family Dynamics

The adult **bereaved siblings** recall experiencing the disruption of the family unit, where parents cease to function, and the normality of an everyday ordinary life becomes illegitimate. While they fully understand the dysfunctionality of this state, they prefer not to urge their parents to recover that functionality. Instead, they spare them their own troubles and take over critical family functions, especially the care for other siblings and their parents’ wellbeing. Rabenstein and Harris (2017) describe this behavior as fulfillment of the need to sustain essential family functioning. The bereaved children take it upon themselves to fix the damage, ease the suffering, and smooth out the bumps of daily life. Although taking such actions can aid recovery after crisis (Farchi et al., 2018), the children in the current study describe ongoing suffering. Their behavior is not a choosing of activism over passivism, but rather a choice of caring for their parents over themselves. One might argue that the children follow a paradigm similar to that of the service providers: in order to take care of themselves as children, they find it best to first take care of their own parents. The changes in family dynamics therefore point to two major forms of dysfunction. First, although the loss of a family member inevitably leads to systemic changes in a family, some families do not allow the void of the fallen child to be filled. They resist the change, resulting in a rigid and inflexible family system. Second, in other cases, the redistribution of family functions bypasses the parents, forcing less capable family members—i.e., children—to take on tasks for which they are unfit. In either situation, the family system shows impaired coping capabilities, and the needs of family members go unmet for a longer period of time. This struggle between loss-oriented and restoration-oriented family behavior is described by Stroebe and Schut (2010) in their DPM-R model.

The reports of the **bereaved parents** reveal that as time passes after their child’s death, they begin to realize that their inner chaos and feelings of helplessness – namely when dealing with their other children – are not just a temporary phenomenon but have turned into the new normality. They may then acknowledge having neglected their other children to some extent, and once more expect a professional figure to assume this duty in their place, or at least to guide them in how and what to do. This expectation that bereaved parents have of government agency professionals may be encouraged by a particular narrative behind the loss of their child: that the deceased had died or been killed while fulfilling their duty in the service of the nation, and if losing the child was the price the family paid for their society’s security, then their society was now expected to repay that debt by ensuring the family’s functioning.

An important detail was illuminated by the service providers’ narratives: they identified an interactional pattern between the bereaved parents and their children that they called a “competition of grief.” In this pattern, parental grief is perceived as more severe than sibling grief, granting the parents greater legitimacy to externalize their suffering as they wish—such as not regaining normal functioning, imposing an atmosphere of grief upon others, and even forbidding other family members to enjoy the full range of experiences life has to offer (e.g., disallowing fun and pleasure). The service providers maintain, however, that this pattern seems extremely unnatural and wrong. As professional helpers, they expect parents to do almost anything in their power to ease their children’s suffering. In the case of bereaved parents, their grief competes with their children’s needs, and many parents deprive their children of the favorable experiences that may interfere with their own grief-related needs. The service providers also explained, however, that due to the special status accorded to bereaved parents of security personnel and given the gravity of their catastrophe, they would not dare to disapprove of the parents’ behavior—as they might with other parents. The sensitive nature of this phenomenon between parents and their children—what service providers have called a “competition of grief”—might be one explanation for its lack of documentation in the professional literature.

## The Impact of the Loss on the Personal Development of the Bereaved Sibling over the Life Course

The developmental experience of the adult bereaved siblings has been one of living a life that is not theirs in their own right. Their life has become a duty, either to fill the void left by their deceased sibling, or to be their parents’ caretaker. Either way, they adopt a false self, allowing an external event to determine many of their life choices regardless of how private they are, such as partnership, building a family of their own, career choices, and the like. Their duty ends when their parents’ suffering ceases, which may only be upon their deaths. Gillies and Neimeyer (2006) suggest that such a struggle to develop a functional self-image may determine much of the future development of the bereaved sibling.

Bereaved parents, on the other hand, show disturbingly little awareness of the long-term effects of the family’s loss on the personal development of their surviving children. They cling to clues of functioning as proof of normal development. Here, the bereaved siblings’ own efforts to pretend that all is “business as usual” (so as not to burden their parents) feeds their parents’ tendency to ignore their real needs. As previously demonstrated in our findings, this is especially manifested in how parents use their children’s performance in school as an indicator of their overall functioning; and when performance suffers, the parents expect the school to attend to their child’s needs. It is striking how consistently bereaved parents of security personnel seem to identify public services as the entity responsible for caring for their children’s needs. Their expectation of public support for their bereavement hardships may be understood as part of the negotiation of their social status within the community. By calling out for help, bereaved parents gradually develop into “professional grievers” (Harrington-LaMorie & McDevitt-Murphey, 2011).

Service providers almost seemed to expect that the loss would impair the development of the bereaved siblings over time. Staying in contact with bereaved families for many years, sometimes decades, the service providers keep track of the siblings’ development through many normative life stages and transitions, and they easily identify the developmental flaws and struggles that the siblings face. As previously mentioned, bereaved siblings are not defined as the service providers’ main clients; therefore, no helper-client relationship has been established over the years. Several service providers reported that, when they did offer help to bereaved siblings struggling with their lives at a later stage, those siblings refused their offer of help. It is possible that, from the child’s point of view, the service providers had already neglected them too often and for too long, and their faith and willingness to build a helping relationship with the service providers had already been too far eroded. The service providers themselves interpreted the siblings’ refusal of assistance as another attempt to maintain an appearance of normality. The service providers also recognized the bereaved siblings’ struggles to negotiate a social status that fit their needs (Burke & Neimeyer, 2013). Many of the siblings find it a challenge to develop their own social identity while being identified as a “bereaved sibling.” They may not wish to be perceived as weak, needy, or pitiful—attributes that many associate with bereavement. A child’s struggle to integrate opposing traits (e.g., being hurt versus being strong) within their developing personality might be easier to resolve within a normative environment such as the educational system. Unfortunately, according to some researchers, educational systems often do not know how to support bereaved siblings with this task (Gerhardt et al., 2012; McKissock, 2017).

# Conclusions and Recommendations

This study reveals the importance of hearing all the voices relevant to understanding the needs of young bereaved siblings—those of the children’s parents, the professionals, and especially the young bereaved siblings themselves. It is crucial to note that the needs of younger bereaved siblings are different from those of their parents or older siblings who are no longer dependent upon their parents. Moreover, the complex reality revealed in this study challenges the assumption that bereaved parents address the needs of their bereaved children. As their narratives show, the parents themselves have many needs and are not necessarily able to give of themselves or accommodate the needs of their surviving young children. It is therefore advisable to separate service providers for siblings from those who support their parents. Children do not want to burden their parents and, as a result, often do not share their problems with them. Sometimes parents are not even aware that their children need professional help and, consequently, do not seek out professionals.

In order for professionals to assist young bereaved siblings, we suggest that they accrue knowledge about how to provide children with access to information about the death of their sibling. To manage the pervasive sense of chaos, more concretization is necessary, such as through the use of tools adapted to children of different ages that can help illustrate the meaning and finality of death. Mechanisms allowing bereaved siblings to take part in activities related to the deceased sibling—the funeral, the Shiva, or other mourning customs such as memorials and other commemorative events—are required. The tendency to try and “make it easier” for the young bereaved siblings by removing them from these events only results in greater difficulties and a sense of alienation and loneliness. Models developed in other countries—such as the Irish model (Jones et al., 2015), described in the literature review, which proposes a hierarchical model of caring for the bereaved child—could be adapted to the Israeli context. The Irish model addresses the unique needs of grieving children, the services and support they need, and the skills that professionals must develop to help them.

Our findings indicate that professional service providers lack knowledge of how to support bereaved siblings in the various stages of their lives, and that bereaved siblings are also not referred to them for help. Caregivers, educators, and others should be trained to meet with bereaved siblings routinely, especially at significant points in their lives, such as when they return to their regular daily routines after the end of the mourning period, at holidays and events, and before trips to places of commemoration or connection to the lost sibling, as well as at birthdays or the younger sibling’s own recruitment call to military service.

Formal and informal support systems in the community are greatly important for dealing with bereavement and returning to routine; therefore, it is imperative that mediation be provided to bereaved families, especially the children in the families, to connect them to resources and activities in their community. Social networks often do not know whether or how to reach out to bereaved families or the younger bereaved siblings in the families. Neither do they necessarily know what relevant resources are available to the families nor know how to initiate a connection between the families and the resources.

# Limitations of the Study

The focus groups included older siblings who recounted their experiences retrospectively. It is possible that the passage of time and the occurrence of life events affected the information we received, although the cross-links between their stories and those of the parents and professionals strengthens the reliability of the information provided by the older siblings.

The focus groups were not a random or representative sample; however, the number of participants was appropriate for a qualitative study, and there was diversity among the participants in place of residence (nationwide), participants’ ages, gender, socioeconomic status, education, employment, and other factors. There was also a group of Arabic-speaking siblings, which offered some cultural diversity.

Although different facilitators were used for the different focus groups, they were all given the same instructions regarding facilitation procedures and content. The information received from all the groups was similar, so any differences there may have been between the facilitators appear to have had no significant effect.

The facilitators were previously acquainted with some of the participants, and there is also a relationship of dependence between the participants and the social workers who guided the groups; however, participation was voluntary (each participant signed a letter of informed consent), and participants could choose to quit at any stage of the discussion. None did.

The research findings are based on our interpretations, and there may be discrepancies between the information provided by the participants and our interpretations. To guard against this, we performed a cross-referencing analysis. We also presented our findings at two conferences where some of the bereaved siblings who participated in our study took part in our presentation. They confirmed our understandings of their stories, as did other professionals at the conferences who had experience working with bereaved siblings. It is also important to note that we, the researchers, are academics who are not employed by the Department of Families and Commemoration of the Israeli Ministry of Defense, and that we had complete freedom to express our interpretations of the information that emerged from the focus groups.

We recommend that future research include conducting studies with young bereaved siblings that are broad in scope and that represent the population of young bereaved siblings in Israel. Such a study would combine both quantitative and qualitative data and would address the multidimensionality of the topic by listening to the voices of parents and professionals as well.

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