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Long-Term Grief and Sharing Courses Among Military Widows Who Remarried

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Objective: The long-term consequences of military spousal grief have not been adequately studied. Although the literature emphasizes the widow's connection with the deceased as part of the grief process, the importance of the sharing patterns of such grief has been overlooked. This study aimed to add to the understanding of remarried military widows' long-term grief, via 2 main processes: The first was to explore their grief processes, and the second was to reveal whether and how their grief processes were shared with others. **Method:** Semistructured interviews were conducted with 29 Israeli remarried military widows, more than 3 decades after their husbands' deaths. Data were analyzed by using thematic content analysis. **Results:** Findings revealed 2 continuums, 1 for each process. The first continuum was the grief process timeline, which covered a spectrum going from time- and emotionally limited processes to prolonged mourning processes. The second continuum was the sharing process, which covered a spectrum ranging from solitary grief to shared grief. Consequently, we suggest that widows can be viewed as occupying shifting points, over the years, on these intersecting continuums. **Conclusions:** The findings illuminate varied courses of coping and sharing of grief among older remarried military widows. **Implications:** An integration of loss, aging, and family relations theories for clinical work is suggested.

Clinical Impact Statement

This article suggests a new conceptualization of widows' grief pathways as a matrix of two intersecting continuums: the grief-process timeline, which covers a spectrum ranging from (a) time- and emotionally limited mourning processes to (b) prolonged processes, and the sharing axis, ranging from (c) solitary grief to (d) shared grief. By using a graphic matrix tool, we suggest viewing grief as it manifests beyond the individual level. A contextual understanding of long-term grief, alongside the establishment of a new family, will highlight the meanings derived from this complex situation. These insights entail an integration of loss, aging, and family relations theories.

Keywords: bereavement, continuous grief, military widows, remarried widows, shared grief

The death of a partner has a significant impact on the life of the surviving partner, stimulating a grief process of coping and adaptation which affects life on various levels: physical, emotional, and social (Maccallum, Malgaroli, & Bonanno, 2017). This life-changing event is accompanied by financial, emotional, and social losses (Kristensen, Weisæth, & Heir, 2012), which can manifest in

different grief patterns, such as depression and grief symptoms; complicated, chronic, and/or prolonged and traumatic grief responses; and, by contrast, posttraumatic growth and resilience (Bar-Nadav & Rubin, 2016; Lotterman, Bonanno, & Galatzer-Levy, 2014; Utz, Caserta, & Lund, 2012). Reorganizing their lives to accommodate these significant changes requires a great deal of effort, and often involves the widows' facing both internal and external conflicts (Brück & Schindler, 2009) as part of the processing of loss-related emotions (Bar-Nadav & Rubin, 2016). The way the widows adapt also reflects the cultural and social context of their loss (Lebel, 2011). However, as losing one's partner frequently happens in later life, and the grief process is traditionally discussed with respect to lone women over the age of 60, the experiences of younger widows have been largely neglected (Leichtentritt, Leichtentritt, Barzilai, & Pedatsur-Sukenik, 2013).

In addition to the above effects, losing a partner at a young age violates the natural order of things. The loss among young widows may enhance the risk of elevated levels of grief (Tomarken et al., 2012), the burden of raising children alone, and emotional suffering and loneliness, all of which have been defined as the most

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pronounced challenges of bereavement (Perrig-Chiello, Spahni, Höpflinger, & Carr, 2016).

Research findings have shown that younger widows may experience both a lack of recognition of the grief they feel over the loss of their spouses, as well as an expectation that they “move on already,” a moving on which would ostensibly include the forming of a new pair-bond relationship (Bar-Nadav & Rubin, 2016). As such, following spousal loss, many widows, particularly young widows, may choose to remarry (Livingston, 2014).

Various remarriage patterns have been described among young widows whose husbands died unexpectedly in a military context. Some studies have presented different ways of maintaining aspects of the first marriage within the second marriage, including a triadic relationship—that is, the wife, the dead husband, and the new husband (Bokek-Cohen, 2014). Alternatively, some studies have shown the creation of a whole new atmosphere in the second spousal relationship (Lebel, Lubish-Omer, & Pasik, 2015). Others have claimed that those who outlive a partner may never become fully reconciled to the partner’s death but instead may integrate it into their life stories and create a “memorialization capsule” dedicated to the memory of the deceased. Thus, “living beyond an unanticipated sudden death of a partner involves living with the partner’s death until the surviving partner’s own death” (Rodger, Sherwood, O’Connor, & Leslie, 2006 p. 121). This phenomenon seems to be more prevalent than commonly acknowledged among various cultural societies, and among different ethnic and religious groups (Pentaris, 2011; Richardson, 2014).

Despite the importance of recognizing individuals’ long-term connections with the deceased throughout their life cycles—referred to as “continuing bonds” with the deceased (Klass, Silverman, & Nickman, 1996)—only a few studies have explored this issue among widows who lost a spouse when they were young (e.g., Jones et al., 2018; Lowe & McClement, 2011). More specifically, greater research attention needs to be directed toward the potential influence of remarriage on a military widow’s grief pathways (Haase & Johnston, 2012), a subject worth exploring given the complexity of the military widow’s paradoxical situation: that is, the wish both to stay put (with her first husband) and to move on (in a new relationship). In other words, we need to acquire more knowledge about the long-term grief processes among this unique group of women and to explore the ways in which the continuous connections with their deceased husbands exist in their present lives. As such, the first aim of the current research was to explore the long-term grief processes among remarried widows who were quite young (between the ages of 19 and 29) when their first partners died in a military context.

One of the important issues related to the grief process is the ability to share one’s grief and sorrow with family members and to create communication around the deceased (Hooghe, Neimeyer, & Rober, 2011). The sharing of grief experiences with others has an impact particularly on couple and family relationships (e.g., Shapiro, 2008). Hooghe et al. (2011) claimed that not sharing grief, or remaining silent, is seldom viewed in a positive way.

A remarried widow usually has a variety of family relationships with the deceased spouse’s family members, as well as with family members from the family she has built with the new spouse; these relationships play an informal social role in shaping her loss and may also impact her grieving process and the way in which she shares her grief. From a family perspective, sharing grief with

family members reflects the widow’s inner dialogue, emerging from her loss and her grief process (Breen et al., 2018), and when the widow is older, aligns with the dynamics of the self in old age (Ryff & Marshall, 1999).

Research findings have shown that sharing grief with family members has the potential to prevent pathological grief (Hooghe et al., 2011), although different cultures and religions may relate to grief processes, and to “normal” and “abnormal,” in different ways (Somer, Klein-Sela, & Or-Chen, 2011). Hence, the second aim of the current research was to reveal the extent to which, and with whom, the remarried widows shared their grief processes, over the years.

The Current Research

In Israel, military service is compulsory. Consequently, since the state’s establishment in 1948, almost 23,000 Israeli soldiers have lost their lives in military actions, leading to the existence of some 5,000 Israeli military widows and widowers, most of whom are widows. Many of these widows had young children at the time they became widows (Research and Information Center of the Knesset, 2014) and were the recipients of a unique legal status, recognized by both the Israeli authorities and Israeli society. In Israeli society, active attempts are continually made to preserve the memory of fallen soldiers and the official designation of “IDF widow” (IDF—Israel Defense Forces) marks these women as being connected to acts of sacrifice that took place for the sake of the country. Families in Israel who have lost loved ones during their military service are termed “bereaved families”: a term of respect that honors their pain and sacrifice. In addition to feelings of respect and appreciation, however, pity and fear also arise (Ben-Asher & Lebel, 2010). Therefore, IDF widows—who are expected both to remain in the past and to move on—have found themselves in a sensitive position, which has made coping with their loss and continuing their lives particularly complex.

Moreover, for many years Israeli military widows who remarried were regarded as widows who no longer needed governmental support, given that they had “returned to the norm.” As in other Western countries, this attitude was expressed by the cessation of their entitlement to long-term psychosocial support and compensation payments (BBC, 2014; Ben-Asher & Lebel, 2010; Shane, 2016). This policy was reversed only in 2010, when after a long struggle led by the IDF Widows & Orphans Organization, the original “Law for families of soldiers who died in action (compensation and rehabilitation)” was finally changed (Amendment #30, Law for families of soldiers who died in action, 2010) and their financial rights were returned to them.

As research into military-related bereavement has focused mainly on short-term reactions to loss, studying the wider impact on individuals who have in some form or another been grieving for over three decades, and are now also contending with aging and with their own mortality, can have great import (Naef, Ward, Mahrer-Imhof, & Grande, 2017). The purpose of the current research was to help fill the knowledge gap regarding grief processes among remarried military widows and to examine the following questions:

1. What are the patterns of long-term grief processes of Israeli remarried military widows?

2. What are the ways in which these widows share their grief within their families and within their social environments?

Method

The present study was conducted using a qualitative interpretative phenomenological approach (Smith & Osborn, 2015), an approach most suited to revealing the “lived experience” of study participants (Eberle, 2014).

Participants

Using criterion sampling (Patton, 2015), a randomized sample of 45 remarried widows (of 317 remarried widows), who were under the jurisdiction of one district in the Department of Families and Commemoration of the Israeli Ministry of Defense, were asked to participate in the study. Out of that number, 29 widows agreed to participate and completed the interviews.

Participants' average age was 68 years ($SD = 6.4$), and all of them had been between 19 and 29 years of age when they became widows (the average age when widowed was 23). Half of the participants were mothers of young children when they became widowed. It took 4.5 years on average between bereavement and remarriage (median = 4), and at the time of the interviews, all of the participants had been remarried for more than 20 years and had grown children—either from their first marriages, their second marriages, or both. All of the participants were Jewish (four were Orthodox Jews). Participants lived in different locations in Israel, ranging from cities to smaller, residential areas (“kibbutzim”). The average number of years of education was 15, and all but one had past or present professions.

Procedure

The study was approved by the university's Board of Ethics. Beginning in April 2016, the head of the district's Department of Families and Commemoration of the Israeli Ministry of Defense, a senior certified social worker, reached out to randomly chosen remarried widows, to ask them to participate in the study's interviews. Semistructured in-depth interviews (Patton, 2015) were scheduled and conducted with 29 remarried military widows who agreed to participate. Seven registered social workers with a great deal of experience in interviewing widows as part of their jobs were asked to conduct the interviews. To ensure that the interviewers were sufficiently skilled, the primary researcher conducted qualitative interview training with them, and guided them throughout data collection. All interviews took place in the participants' homes and were recorded and later transcribed verbatim. Participants' names and additional possible identifying details were changed during the transcription, to protect their privacy.

At the beginning of each interview, the rationale of the research and the course it would take were explained; informed-consent forms were signed, and the possible challenges of dealing with sensitive issues were mentioned again. In addition, ways of receiving future support were reviewed. Interviews were an hour and a half in length on average.

The interviews were conducted in accordance with an interview guide that addressed the widows' grieving processes. Questions

referred to the way the widows' grief developed over the years, both on personal and interpersonal levels. For example, participants were asked: “Please describe the way grief manifested itself in your life and in your family's life.” Subsequent questions invited an elaboration on the ways grief played out from the moment of the husband's death until the establishment of the new couplehood (e.g., “What were your considerations regarding the decision to remarry? If relevant, please describe your debate regarding this issue”).

Other questions related to the ways grief, and the connection with the first husband, were manifested in the current marital relationship, and in the family's life. For example, participants were asked: “How did your relations with your first husband influence your second couplehood over the years? How did your grief over your first husband affect your relationship and life with your second husband? How was this grief manifested in family life?”

Sharing of grief was explored in the same way, using questions such as: “How was your grief discussed among you and your family members?” and “What were your considerations in the decision to share/not share your grief experience with others?”

Data Analysis

Data were analyzed in accordance with thematic content analysis (Clark, Braun, & Hayfield, 2015) and in keeping with an interpretive phenomenological approach (Shinebourne, 2011; Smith, Flowers, & Larkin, 2009). This approach does not predetermine theoretical categories, as it follows participants' descriptions in the construction of meanings derived from the data. In the current research, the second author read all the transcripts thoroughly and performed open coding, marked separate meaningful content units arising from the interviews, and shared these materials with the other researchers.

The three authors analyzed the findings, discussing them until agreement was reached. Moreover, to enhance the reliability of these findings, they were presented to the staff of the Department of Families and Commemoration throughout the work, and to the participants, whose feedback and critique were considered in shaping the final conceptualizations.

Rigor

To maintain an observant, inquisitive, and unbiased attitude (Finlay, 2009), the interviewers did not interview women with whom they were already acquainted prior to the study. In addition, the interviewers used an interview manual to help them stay focused on the subject (Patton, 2015) and were supervised by one of the researchers.

As previously mentioned, the data were analyzed by three researchers, who met on a weekly basis to share their proposed conceptualizations. The findings and the theoretical conceptualizations were presented to the participants, who approved them and added their own input (Thomas, 2017), ensuring that the findings reflected their actual life experiences.

Ethical Considerations

The research was approved by the university's Board of Ethics, and by the Ministry of Defense district's board. To ensure partic-

participants' emotional safety (Chan, Teram, & Shaw, 2017), none of the widows were interviewed by their individual case managers, and—as previously stated—interviewers did not interview women with whom they were already acquainted prior to the study. Moreover, once the participants confirmed their participation, no details of the research team meeting were provided to other members of the research team. The use of the interviews' content was made only after participants' names were changed to secure confidentiality.

Results

Data analysis revealed that the widows' grief manifested itself along two axes which represent the two research questions. The first axis, reflecting the grief process over time, was coined the "timeline axis." The second axis, reflecting the ways in which widows shared their grief within their new familial relationships and their social environments, was named the "sharing axis." These axes represent grief pathways that exist along two intersecting continuums (see Figure 1).

Throughout the Findings section, ellipses in parentheses (. . .) represent pauses in participants' statements, and ellipses in brackets [. . .] represent portions of the interviews that were omitted for clarity or brevity.

The Grief Process Timeline Axis

Long-term continuous grief. The majority of the participants described various examples of long-term continuous grief. Most common were continuous relationships with the deceased husband, in the form of an emotional and/or cognitive presence, as well as the maintenance of various ceremonies dedicated to his memory (24 of 29 participants) and a continued connection with members of his family (20 participants). All of these grief-related responses existed alongside participants' ongoing growth in life (e.g., creating a new family, raising children, and/or maintaining a career), as often described in contemporary models of grief.

For example, Sapir, 66 years old, said:

I do not repress my first husband's memory. I talk about him as much as I need to. Tears never scared me. I even continued to wear my

wedding ring for many years after he died. Perhaps it was part of my rehabilitation—to talk, and not to repress the mourning.

Sapir described her ability to continue grieving as a significant part of her "rehabilitation" process. Her continuous grief seemed to be a meaningful component in the way she dealt with her loss while simultaneously moving on with her life.

Time-limited grief. Five of the widows in the study were characterized by abbreviated grieving, manifested in their ability to quickly process the emotional toll resulting from their loss; in two of the cases, the brief grieving period took place immediately after the husbands' deaths. These women did not ignore grief's emotional influence, nor deny its presence, but made clear how they managed to leave it in the past as they moved forward with their lives.

For example, Timor, 63 years old, described this way of coping:

I quickly resumed my life, and returned to full functioning. [. . .] I do not hide the fact that I am a military widow, but this is not the way I present or define myself. I tried very hard to relate to it as "an experience I had," and I moved on. [. . .] I decided that I would not make grieving a way of life.

Timor described the choice she made to resume life as a personal decision. In contrast to participants who experienced an internal conflict between expressing and silencing their grief, Timor explained that she chose to fight against grief by fully functioning. She did so out of her understanding that moving on was the right way for her, a decision which seemed to stem from an inner source of strength and an acceptance of her new reality as a young widow.

The Sharing Axis

Forms of shared grief. The analysis revealed a wide range of descriptions of participants' ways of sharing their grief with close family members and friends.

Sharing with the second husband. The person with whom the widows most commonly shared their grief was their second husband. For example, Batya, 69 years old, said:

I decided that if I were to remarry it would be with a man I could talk to about my first husband - whenever I want, and the way I wanted. . . . And so it was. My husband supports me and really lets me handle it in any way I want, and his arms are always open for me. And so is my family—they are always there for me regarding this issue.

Batya consciously shared her continuous grieving process with her second husband. The continuous bonds with her first husband naturally influenced the second marital relationship, and she described different ways of coping with these influences throughout her interview.

In another interview Mika, 66 years old, referred to the way she managed to integrate the relationships with her two husbands in her current family life:

My second husband did not ask me to stop mourning. On the contrary—he followed me in this process throughout the years . . . because my first husband was my soul-mate, and I never gave up on him. . . . I kept reliving life with him—I talked about him a lot, and laughed and cried about him. And my kids heard much about him. I do not regret this choice of mine, because this connection with my

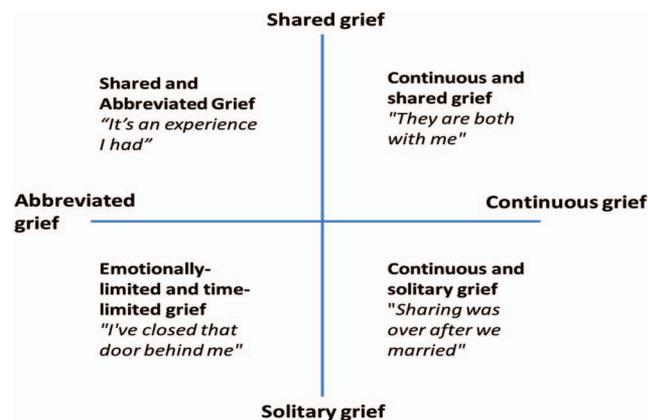


Figure 1. Young military widows' grief pathways. See the online article for the color version of this figure.

deceased husband is a whole full world. Another language that my family members and I share. Although there were some difficult moments regarding this issue. But my second husband knew what he was entering when he decided to marry a widow. And he is always with me in this regard.

Mika described her two spousal relationships as two worlds that coexist for her. Other participants referred to this phenomenon as living in “parallel lines.” These longitudinal grief manifestations support the two-track model of bereavement (Rubin, 1999), which enables the ongoing recognition of the loss (and the deceased husband’s presence in the new family life) alongside the widow’s natural growth.

Sharing the grief process with others. Half of the participants described sharing their grief processes via meaningful acts that they regularly carried out in memory of their first husbands. These acts included special ceremonies, or other commemorative acts (publishing memorial books, e.g.), in which the relationship with the deceased husband and usually with his family members as well, were maintained. For example, Sigalit, 66 years old, said:

My first husband was mentioned, a lot. My second husband knew from the moment he met me that I was a widow. And we talked about Ben [the first husband], and he asked me about him. I took him to the cemetery, to visit the grave. . . . And he was never angry, and did not stand in my way. Even though according to Jewish law, from the time I remarried I no longer had to carry on with the grief, I kept visiting my first husband’s grave, in my own free time. And he is always in my heart, and always exists in the background of our lives.

Sigalit described her choice to keep the connection with her first husband as a continuous bond that had meaningful qualities which went beyond commemoration. She related to this part of her lived experience as an aspect of her identity, which she brought into her adult life and into her newfound family. As she mentioned in the interview, the new family members “grew into this reality,” and accepted it as a characteristic of their lives.

Pnina, 69 years old, described how her continuous grief influenced her family life:

I spoke freely about my first husband at home, and there is a picture of him in our living room. And it got to the point where my children complained that they had heard too much of this. . . . Once, during an outburst, my son said that the presence of [the first husband] was always felt, so much so that he thought I had taken his father [the second husband] as a substitute only.

Pnina was relating to the way her ongoing engagement with her first husband’s loss influenced her children. Most of the participants described similar ways of sharing and coping with the first husband’s presence in their life and their family’s life (even if they did not usually receive such resistance from their offspring).

Unshared grief. Five participants described how they kept their grief to themselves, whether it was short-term or continuous. A common explanation of this behavior was the wish to protect themselves, their second marriages, and/or their new family members, especially their children.

For example, Noga, 73 years old, explained:

It’s so “heavy,” so I cut myself off from it when I remarried, 41 years ago. I cannot keep mourning. It’s unpleasant, it’s dark, it’s no good. [. . .] Maybe because I had more children coming, I cut myself off

from it. We hardly talked about my first daughter’s father. There was no presence of him in our life for many years.

Noga explained that protecting the children was a major factor in her choice not to share her grief. By not mentioning her loss, she aimed to protect herself and her new family from the unwanted effects of her grief.

Integration of the Two Axes

The data analysis also revealed varied forms of integrating the “timeline axis” and the “sharing axis.”

Continuous and solitary grief. Five participants in our study described how they could not share their grief and sorrow with others, either because it was hard for them to do so or because the people closest to them encouraged their silence. These women described an extremely difficult situation in which, on the one hand, they were constantly grieving their first husband’s death, but on the other hand, they had to hide their grieving. For example, Miriam, 63 years old, said:

Sharing was over after we married. I was not allowed to speak about my first husband or mention him. [. . .] My husband comes from a bereaved family, he lost his two brothers. So every Memorial Day I had to go with him to “his” cemetery, not to my husband’s grave. [. . .] And the fact that I could not speak and tell our children [about what I was dealing with] was very hard for me. . . .

Miriam’s description of the solitary way in which she was forced to cope with her grief is an extreme example of some widows’ experiences. As she described throughout her interview, her grief was never processed properly, and in addition to the challenges she faced in creating a new family, she also had to cope with her continual mourning on her own.

Continuous and shared grief. As expected on the basis of the literature, most of the current research participants described a process of continuous grieving alongside a sharing of this grief with others.

Pnina, 69 years old, described how her second husband took an active part in the maintenance of her first husband’s memory:

[Ever since] we started dating, and even after we got married—whenever Yom Kippur would arrive [that is, the date of the first husband’s death]—I would flee the country. I just felt I could not take it anymore. [So my second husband] would go to the memorials [of my first husband] alone. Without me. And he would go to visit his family as well.

Pnina’s example illuminates how continuous grief can form a part of the foundation upon which the new family is established.

Abbreviated grief and solitary grief. A few widows described a pattern in which they felt forced to cut off their grieving process from the beginning, and throughout their lives they found it difficult to share their life experiences with others. Sara, 57 years old, described how she put an end to her mourning immediately after her second marriage:

He was killed, and my world collapsed. [. . .] But after a short while I went back to work. Seven months later I met my second husband, and after a year of friendship we got married. [. . .] And that was it—I closed that door behind me for many years. [. . .] But it was somewhere in the back of my mind. [. . .] We did not know how to handle it. Nor did my husband want to compete with it. So we both kept the

issue silenced. And our children grew up not knowing I had a former husband.

This long-term closing-off of memory and mourning was described as a way of coping with the complexity of grief, as if these unwanted influences might have constituted a threat to Sara's second marriage. She also described this decision as a way to help her and her husband avoid comparisons between the two relationships. Sara presented an extreme example of the difficulty in preserving the memory of the deceased husband, exemplified by the fact that her children did not know there had ever even been one.

Abbreviated grief and shared grief. Several participants described short-term grief processes which they shared with their families and friends. For example, Timor, 63 years old, described her coping as a combination of an expression of personal pain with a quick return to functioning:

I decided that I would not let grief sink me, and from that moment forward I did not wear black. [I said to myself:] "I am a beautiful young woman, and I will continue to wear my preferred colors, and there is no way I will turn mourning into a way of life." This was not an option at all.

Timor's choice of coping and not letting herself feel weak was described as a choice that required an active effort and willingness to suppress the natural pain she felt. She went on to describe the clear difference between her deceased husband and the current one: "Intuitively I felt that in order to heal from my pain and grief I had to get as far away from my first husband as I possibly could. I had to find someone who was not even here during the war. One who did not know the army." Her example illuminates another possible way of coping—letting go and moving forward with life.

Changing along the way: From solitary grief to shared grief. In retrospect, as part of a review of their lives, several participants reported a process of lifelong oscillation regarding their grief patterns.

Batya, 69 years old, described the transition she underwent from a solitary way of coping, a coping method she had maintained for 20 years, to a more shared one:

It took me 20 years to hold the first memorial service. And in retrospect I understand that when something like this happens to you, at first you seal yourself off and decide to be strong "for others." [. . .] [But over the years my husband and daughters were very supportive]. And they told me, "Mom, when you allow your grieving to be ours as well, it will ease a lot of your pain. It will be better for you to share it with us." And that is what made it possible.

Batya's lack of emotional sharing for the first 20 years after her husband's death seemed to reflect an attempt to deal with her pain in a controlled way, and she referred to the external and internal considerations that guided her choices. Over the years, she struggled with the idea of sharing versus self-preservation, a process she described in the interview as "slowly ripening," in which she built renewed trust with significant others, to the point where she was finally able to hold a memorial service.

Discussion

The participants in our study described various ways of coping with their grief, comprising two continuums. The first continuum

concerned the duration of their grief and was found to be related to the second continuum, which referred to the ways in which they shared their grief with others over the years. In light of the research findings, we suggest conceptualizing the grief process as a two-dimensional matrix representing an intersection between a timeline continuum and a sharing continuum. This matrix highlights the complexities of grief processes among women who were quite young when they lost their husbands. Our participants' experiences can be located along this matrix in different positions, at different times, according to their ways of dealing and coping with the longitudinal consequences of war and military service.

This broader conceptualization of the grief process promotes a better understanding of the different ways in which widows proceed with their postwidowhood lives. Our findings are in line with those of other researchers who have previously presented an ecological view of the bidirectional processes of grief (Currier, Irish, Neimeyer, & Foster, 2015; Kasahara-Kiritani, Kikuchi, Ikeda, & Kamibeppu, 2017; Stroebe & Schut, 2015), and of the dual processes of coping with bereavement (Tang, & Chow, 2017). Our findings, like these previous findings, note that different people develop different coping methods, and that there is no definitive way to come to any conclusions regarding the emotional outcome of a certain grief pathway.

The timeline axis showed that most of the widows described continuing grief, a finding that is in line with the idea of "the continuing bond," as coined by Klass et al. (1996). Their theory also allows for the idea, expressed by several of our participants, that even if a grief process is internalized, and cannot be "seen," it still exists and is ongoing. In line with the findings of Lebel et al. (2015), who also focused on young widows whose husbands had died in Israeli military and terror attacks, several participants in our sample described a short-term period of grief (i.e., on the timeline axis), whether it was shared or solitary. These periods were not viewed negatively by our participants and, as such, it is possible to see short-term grieving as an adaptive coping pattern, especially in cases where the widow is involved in a new relationship, or when the social environment encourages such behaviors (Lebel et al., 2015).

In addition, regarding the debate being waged these days as to the definition of "prolonged" or "complicated/traumatic" grief (Lotterman et al., 2014; Root & Exline, 2014), it was apparent that the majority of the women in the current study felt the need to continue maintaining bonds with and/or memories of their deceased husbands. Each in her own way communicated that she gathered strength from her memories, and continued to locate aspects of her identity in the relationship she had had with her husband. Our findings highlighted the fact that these relationships do not simply disappear. The continuing bonds can include an array of phenomena and take various forms, and the widow's dependency on these bonds may change over the years. The current findings shed light on the role of continuing bonds in coping with grief: oscillating between bereavement, public commemoration, and keeping the memory of the fallen first husband alive.

The second axis—the "sharing axis"—described the widows' ability to process their grief with others. Participants differed in their ability both to share their distress regarding their loss, and to recognize the value of the actual "living" relationships they were currently engaged in with their second husbands and other family

members. Although other studies have emphasized the importance of sharing (e.g., Bergstraesser, Inglin, Hornung, & Landolt, 2015), the current study is the first to conceptualize it as an additional continuum, that can be added to or intersect with the timeline axis.

Although our findings showed various ways of sharing grief with a variety of others, it is important to note that the second husband was the figure with whom the widow most often shared her grief. As such, our findings emphasize a pattern of shared grief which was also described by Bokek-Cohen (2014). Yet although other researchers have described the difficulties that bereaved parents (i.e., of a fallen soldier) have in uniting around other people's ways of commemorating familial grief (Malkinson & Bar-Tur, 2005), most of the military widows in this study described family members as being amenable to participating in their way of grieving. This finding echoes the findings of Hooghe et al. (2011), who stressed the importance of family communication regarding both the loss of the loved one and the grieving process. In this context it is also important to mention the primacy given to traditional and public memorial ceremonies by Jewish culture in general and by Israeli society specifically (Leichtentritt et al., 2013; McGoldrick, Giordano, & Garcia-Preto, 2005).

The third main finding sheds light on ways of integrating the time and sharing axes. The study participants' ability to accept life's complex and contradictory experiences seemed to be in keeping with the ability to live life in multiple temporal configurations, a phenomenon which has been described by bereaved parents (Barak & Leichtentritt, 2014). It is also consistent with what Lomranz (1998) described as the capability of A-integration in older age which is in line with the term *possible selves*, reflecting an inner dialogue among various parts of the self (Markus & Nurius, 1986). This characteristic refers to the ability of older people to accept the contradictions that exist in their lives, such as the constant presence of death in life, and the possibility of maintaining relationships with loved ones even after their deaths. The current study's participants also presented cognitive flexibility and the ability to transition from one emotional position to another over time (Burton et al., 2012) as they adapted to the changes involved with their husbands' loss. This flexibility was most likely attributable to the participants' older ages, their ongoing grief processes, and the characteristics of their social environments—all of which affected the possibility of moving from one emotional position to another. Another interesting finding was the short mourning process which specifically resulted from a shared decision made jointly by some of the widows and their second husbands. This choice, for these widows, seemed to represent a positive aspect of the new partnership.

The findings suggest that the ability to share the grief process is of great importance, and that a joint grief model differs significantly from individual grief models. For the widows in this study, it seemed that the time factor and the sharing factor came together, and/or pulled apart, as a result of the widows' individual developmental processes, the widows' relationships in their second marriages, and the renewed recognition of the widows' statuses as military widows although they were remarried.

Study Limitations

The current study's use of a retrospective point of view might have served both as an advantage and a limitation. On the one

hand, the distance in time from the events in question may have allowed for a fuller view of how these events influenced participants' lives; on the other hand, this distance may also have blurred the way they reflected on these events. In addition, the study may have been limited by the fact that the study group is a unique group, with specific social and religious characteristics. For instance, as was previously noted, in the Israeli context commemorating and preserving a soldier's life and death is very much encouraged, and such commemorations play a major part in constructing the essence and meaning of military widowhood (Ben-Asher & Lebel, 2010; Rubin, Malkinson, & Witztum, 2016).

Despite the abovementioned limitations, the current findings expand our understanding of long-term continuing bonds and grief-sharing among remarried widows. It is reasonable to suggest that regardless of their social or religious characteristics, widows dealing with decades of widowhood, as well as with old age, likely undergo developmental processes similar to the ones that were undergone by the participants in the current study.

Given that the broader effects of the first husband's death on other family members were plainly evident, an additional limitation of the current study was the fact that only the widows were interviewed. It is recommended that when dealing with grief, one must not look at the individual only, but consider the whole family, as a "grieving unit."

Clinical Implications

The current study's findings could be of help to clinicians working with widows whose husbands died unexpectedly in a military context, as they will benefit from a deeper understanding of their clients' efforts to cope with grief in the midst of forging a new relationship and building a new family. Of critical importance is the dismantling of the faulty notion that continuous grief is a manifestation of complicated traumatic grief. In fact, the findings suggest that both continuous grief and short-term grief can be adaptive ways of coping with the immense impact of spousal loss. In addition, clinicians can also gain a deeper understanding of widows' grief pathways by using the graphic matrix as a tool that can illuminate the complex system of grieving alongside the establishment of a new family. These insights require an integration of theories dealing with loss, aging, and family relations.

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