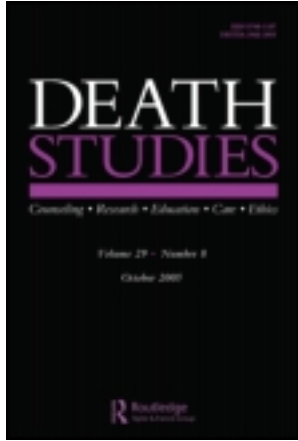


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Parental Grief and Memento Mori Photography: Narrative, Meaning, Culture, and Context

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Postmortem photography is a widespread practice in perinatal bereavement care, yet few studies have explored how it affects bereaved parents, or how it might be received by parents of older children. This study is an examination of the meaning, utility, and social context of postmortem photography in a sample of 181 bereaved parents. Data were subjected to both quantitative and qualitative analysis. Photographs were positively regarded by most parents after perinatal death and several parents of older children. Other parents rejected postmortem photography for aesthetic, personal, or cultural reasons. Brief recommendations are offered for healthcare providers.

Bereaved parents endure profoundly painful emotions, significant challenges to their worldview, and a compromised sense of identity, with risk of negative psychiatric outcomes (Keese, Currier, & Neimeyer, 2008; Lichtenthal, Currier, Neimeyer & Keese, 2010; Wheeler, 2001). Parents facing early child loss—perinatal death—suffer no less (Arnold, Gemma, & Cushman, 2005), yet they face the additional burden that their baby is not socially recognized as significant (Frøen et al., 2011). The disenfranchised nature of grief (Doka, 1989) in perinatal death contributes to a complicated mourning process for many parents (Cacciatore, 2010; Cacciatore & Bushfield, 2008; Malacrida, 1999). Dominant ideologies expressed through social, cultural, medical, legal, religious, and economic institutions may call into question the validity of their bereavement and the status of their children as legitimate entities (Cacciatore & Bushfield, 2008; Lovell, 1983; Malacrida, 1999). Many bereaved parents resist such devaluation, insisting that their baby and their parental identities are, in fact, important and very “real” (Layne, 2000). Bereavement photography has emerged as a means of psychosocial

support for these parents in hospital settings (Harvey, Snowdon, & Elbourne, 2008).

Postmortem photography, also called memento mori photography, can be found across cultures both past and present as an aid to bereavement adjustment (Hilliker, 2006; Johnson, 1999; Mander & Marshall, 2003). This practice was widely accepted in the United States during the 19th century for children of all ages who died, then became relatively obscure (Hilliker, 2006), and is now reappearing in perinatal death protocol (Harvey et al., 2008). It is no longer, however, a promoted practice in the case of older children who die. Gold, Dalton, and Schwenk (2007) found that in the case of perinatal death, parents were thankful to have postmortem photos of their child and only expressed regrets if they did not. Many parents who initially declined photographs later changed their minds (Harvey et al., 2008).

Postmortem photography offers an unrepeatably and possibly sole opportunity to create tangible mementos of a baby who has died; therefore best practice is warranted. However, protocols have been established with limited research on efficacy (Harvey et al., 2008) and scant mention of cultural competence (Gold et al., 2007). Overall, bereavement photography is considered an “evolving practice” (Harvey et al., 2008, p. 352).

The present study explores how memento mori photography affected a large and relatively diverse sample of parents whose children died. We report the lived experience of these parents, including concerns

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This study is dedicated to the memory of the many children who died too soon and their parents who mourn in their absence.

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pertaining to cultural norms, so that parents can directly inform appropriate, compassionate bereavement practice. Quantitative patterns in the data shed further light on the practice or value of bereavement photography.

In keeping with a modified grounded theory approach (Anells, 2006; Strauss & Corbin, 1998), we hoped to derive theory from actual data. Mention of the a priori theoretical assumptions of the current authors is in order. The data were explored within a broad context of primarily constructivist literature on meaning, identity, narrative, culture, and society. These five terms, to varying degrees, are imprecise and used in both lay and academic settings. Especially problematic is the term *identity*. The use of this term is contested and plagued by inconsistent assumptions (Fearon, 1999; Onuf, 2003). In lieu of a thorough examination of the philosophical assumptions underlying every cited study, and because this is a substantive and not a formal theory paper (Eaves, 2001), this study uses definitions of identity as suggested by cited authors and with a relatively simple working definition: *Identity* can refer to social identity, personal identity, or both (Fearon, 1999). Social identity can be understood as “a social category, defined by membership rules and allegedly characteristic attributes or expected behaviors” (Fearon, 1999, p. 36). *Personal identity* can be understood as

a set of attributes, beliefs, desires, or principles of action that a person thinks distinguish her in socially relevant ways and that (a) the person takes a special pride in; (b) the person takes no special pride in, but which so orient her behavior that she would be at a loss about how to act and what to do without them; or (c) the person feels she could not change even if she wanted to. (Fearon, 1999, p. 25)

Fearon (1999) further suggested a complex interaction between social and personal identities, and that personal identity informs dignity, self respect, and self worth.

IDENTITY, NARRATIVE, AND RITUAL

Visual imagery helps in the creation of parental identity when a baby has died (Riches & Dawson, 1998), and may be especially important for fathers (Draper, 2002; McCreight, 2004). Photographs also help establish a social identity for the deceased child (Alexander, 2001). Photographs are props that help parents create narratives to share with others (Fanos, Little, & Edwards, 2009; Jones, 2002). Multiple authors claim “the centrality of narrative to ongoing identity formation” (Singer, 2004, p. 439). These narratives are crucial in coping with grief, helping to reconstruct meaning and repair existential crises (Bosticco & Thompson, 2005; Gilbert, 2002; Lichtenthal et al., 2010; Neimeyer,

2005–2006). For bereaved parents, this can help achieve a “broader acknowledgement of the meaning of [the child’s] life” (Riches & Dawson, 1998, p. 124) and “construct a public, post-bereavement self” (p. 128).

Acknowledging and seating identity change is an important reconstructive task in bereavement (Gillies & Neimeyer, 2006) especially for bereaved parents (Riches & Dawson, 1996). Accepting changes in identity can be considered part of meaning-making (Park, 2010). Parents who have difficulty revising parental identity and otherwise making meaning of their loss report grief that is more prolonged, intense, and complicated (Keesee et al., 2008; Lichtenthal et al., 2010).

Symbolic activities help embed painful memories, thoughts, and feelings into a narrative structure (Cacciatore & Flint, 2012b). Ritual offers meaning, validates loss, and mediates transition in identity during the grief process (Castle & Phillips, 2003; Romanoff & Terenzio, 1998). Yet, few religious or secular rituals exist to honor children who have died at or near the time of birth (Cacciatore & Flint, 2012b; Frøen et al., 2011; Lovell, 1997). Postmortem photography creates “emotional artifacts” (Layne, 2003, p. 125) that are imbued with symbolic meaning and often used ritualistically by bereaved individuals (Castle & Phillips, 2003). Directly participating in postmortem photography gives parents a reason to see and hold their dead or dying child, which may serve as a therapeutic farewell-ritual behavior (Cacciatore & Flint, 2012b; Harvey et al, 2008).

THE PSYCHOTHERAPEUTIC VALUE OF BEREAVEMENT PHOTOGRAPHY

Photography can be used in various therapeutic settings (e.g., Krauss, 1983; Weiser, 2004). Photographs invoke the viewer’s application of internal meaning to an external subject, creating referents that expand the viewer’s vocabulary of personal symbolism (Krauss, 1983). Weiser (2004) suggested that photographs may, as symbolic representations, circumvent verbally coded defense mechanisms and allow more immediate access to memories and feelings. In addition, photographs provide assurance that the subject represented was “real,” while allowing individual interpretations of that reality to be constructed and applied (Weiser, 2004).

Photographs of deceased loved ones function as transitional objects, simultaneously filling a void and calling attention to it (Gibson, 2004). Photographs help integrate emotional and cognitive processes (Weiser, 2004) and may gently help parents accept the reality of their child’s death (Riches & Dawson, 1998). Such acceptance signifies accommodation in meaning-making, a process through which people adjust worldview schemas or *global meanings* (e.g., children will not die before

parents) to fit dissonant new information derived via situationally appraised meanings (Park, 2010, p. 260).

Many parents report a powerful urge to maintain bonds with their deceased child and keep the child's memory salient (Davies, 2004; Klass, 1999; Ponzetti, 1992; Riches & Dawson, 1998). Although maintaining an ongoing relationship with a dead loved one was viewed as pathological in the 20th century by Western psychiatry (Davies, 2004; Klass, 1999), some immigrant and minority cultures within the United States and many indigenous cultures have long valued a bond between the living and the dead (Johnson, 1999; Laurie & Neimeyer, 2008; Shapiro, 1995). More contemporarily, grief theorists have recognized value in continuing bonds (Davies, 2004; Exley, 2004; Klass, 1999), and photographs can foster this sense of ongoing connection (Johnson, 1999; Riches & Dawson, 1998).

CULTURE AND CHOICE

Henley and Schott (2008) urged care providers not to steer bereaved parents based on providers' own personal values and biases. Parents from some cultures or religious traditions might not want or be permitted to take photographs of their dead children. Some Native American tribes, The Church of the Latter-Day Saints, Old Order Amish, and orthodox Jewish traditions have proscriptions against postmortem photography, contact with dead bodies, or both (Chichester, 2005; Stamm & Stamm, 1999). For example, Navajo traditional practices dispose of the possessions of the deceased and discourage narratives about that person (Clements et al., 2003). In any culture, a person may simply have a strong personal preference. Individual choice for any reason is important and deserves respect.

CURRENT STUDY

Approach to the current study was manifold. A modified grounded theory approach (Annells, 2006; Strauss & Corbin, 1998) was used to explore emergent themes pertaining to "meaning" (as defined by parents) and "identity" (as defined in previous sections), analyzing the data in an iterative process to generate theoretical conclusions. Additional and uniquely telling textural descriptions of participants' experiences are offered verbatim and presented with the intent to allow parents' lived experiences to inform best practice in bereavement care. Data analyses proceeded in tandem with data collection (Eaves, 2001), and as data accrued to a sufficient *n*, researchers made a post-hoc decision to quantitatively explore data for useful patterns, despite obvious caveats on probabilistic generalization from a non-randomized sample.

Hypotheses and Goals

Postmortem photography for the benefit of parents has become a common element of hospital bereavement care in perinatal death (Gold et al., 2007), and these parents have had limited (or no) opportunities to photograph their child alive. Thus, we expected that these parents would more likely endorse bereavement photography compared to parents of older children. We anticipated that findings would corroborate and expand on previous research citing the therapeutic value of bereavement photography in parental grief. In keeping with grounded theory, we hoped that conclusions drawn from the data would "elaborate on...existing theories" (Eaves, 2001, p. 655) presented in previously cited constructivist literature on meaning-making, identity, and grief in a social environment.

Method

Participants and Procedures

Following Institutional Review Board approval in late October 2011, invitations to bereaved parents were posted on several bereavement organization websites and social media websites and sent via group emails to members of parental bereavement organizations. The invitation stated the study was voluntary with no compensation, focused on the topic of bereavement photography, and open to all adult parents who lost children whether or not they had participated in bereavement photography. The call for participants was spread primarily in the United States though parents from other countries were not barred from responding. Interested parents were directed to an online survey hosting site. Responses were gathered from a 15-min survey consisting of demographic information and mostly open-ended questions regarding their experiences with postmortem photography. Recruitment materials and survey questions were carefully phrased to encourage the contributions of parents all ages, as well as those who had chosen not to participate in this type of photography. Participants were not directly questioned as to their motivation for study participation. Data were collected until April 2012.

The survey garnered 191 nonduplicate responses classified as "complete" (subjects had pressed the "submit" button on the survey website). Twenty-four parents chose not to answer any demographic questions but otherwise completed the survey, meeting criteria for inclusion. One case was excluded for lack of answers to almost all core questions including age of child at death and questions about photography. Eleven participants reported pregnancy loss (prior to 20 weeks gestational age). We respectfully acknowledge that many parents facing pregnancy loss in the first or early second

trimester feel they lost a baby and suffer psychological sequelae (Côté-Arsenault & Dombeck, 2001); however, 15 weeks gestational age is the earliest we found mentioned in literature on bereavement photography (Jones, 2002) and was therefore adopted as a minimum age for inclusion in the current study. Five cases of earlier pregnancy loss were excluded. Four cases were excluded due to respondents' identification as grandparents of deceased children. Although grandparental grief is substantial, under-recognized, and under-researched, it commonly includes features that are not identical to parental grief (Ponzetti & Johnson, 1991). Thus, 181 cases comprised the final data set.

Of 158 participants who indicated their sex, 96% were female and 4% male. Age of participants ($n=158$) ranged from 21 to 74, with the mean age 38.5. Participants ($n=157$) lived in rural areas (11.5%), small towns (19.8%), or major urban centers (68.8%), and were non-Hispanic White (85.3%), African American or Black (2.6%), Latino or Hispanic (5.8%), Native American (2.6%), and Asian (3.9%). Of parents reporting their religious or spiritual identities ($n=150$), 72% identified as a Christian variant. Others reported no religion, indigenous religion, paganism, Judaism, agnosticism, or a general spirituality. More than one-fifth of participants (22.2%, $n=158$) reported having no surviving children, and 5.1% were pregnant or had a pregnant partner at the time of the study. The year of children's deaths ranged from 1958 to 2012 ($n=179$) with 25% of parents losing their child in 2011 or 2012, 50% of parents losing their child since 2008, and 75% losing their child since 2005.

Qualitative Data Analysis

Data were coded anonymously; respondents were identifiable only by computer-generated codes. Data were initially assessed by identifying significant statements and themes which were then organized into "clusters of meaning" (Creswell, 2006, p. 61). This process is similar to the open coding and axial coding of grounded theory (Strauss & Corbin, 1998). Within each parent's response, a duplicate in the initial meaning units (Lichtenthal et al., 2010; Talbot, 1997–1998) was only counted once for coding purposes. This allowed more accurate weighting of responses amongst parents with different writing styles. Throughout data analysis, a constant comparison process was used (Glaser, 1965) that examined overlap and uniqueness amongst parents' statements and each statement's relationship to emerging themes.

Quantitative Data Analysis

Despite the nonprobability nature of the sample, statistical analysis was used to find patterns in the data. The ages of the children at time of death were categorized

into various groupings for purpose of quantitative analysis. Definitions were drawn from national and international guidelines described by Barfield and Committee on Fetus and Newborn (2011). Initial groupings were late miscarriage or stillbirth with fetal age unspecified ($n=36$); perinatal death (27 weeks gestation–6 days of age, $n=87$); neonatal death (7–27 days, $n=15$); postneonatal infant death (28–364 days, $n=13$); child death (1–17 years, $n=12$); and adult child death (18+ years, $n=18$). Data were accreted to create sufficient cell count into the following three broader categories: (a) late miscarriage (15–20 gestational weeks), stillbirth, and perinatal death; (b) neonatal and postneonatal infant death; and (c) child or "adult child" death. This allowed testing of the hypothesis that the more time the child had alive, the less likely parents would be to have taken postmortem pictures or to have had postmortem pictures taken.

Results

Quantitative Results

Chi-square analysis of the three accreted age categories described above confirmed that the younger the child at death, the more likely their parents were to have taken pictures or had pictures taken postmortem, $\chi^2(2, N=181)=67.91, p<.001$. Post-hoc comparison revealed that the three groups were each significantly different at $p<.001$.

Of the 41 parents (22.65%) who did not take pictures, 14 parents (34.1%) were not content or had mixed feelings about that outcome. Cross-tabulated data from parents who did not take pictures reveal that only one parent of nine (11.1%) experiencing late miscarriage or stillbirth/perinatal death was content not having postmortem photographs (the gestational age of this child was unreported); six of the nine parents (66.6%) of neonatal/postneonatal infants were content not having postmortem photographs; and 20 of 23 parents (87%) of children from 1 year of age into adulthood were content without such photographs. The table was too sparse to gain robust results with multivariate analysis but data were promising, suggesting significant results between the first group (parents of late miscarriage and stillbirth/perinatal death) and the other two groupings, at $p<.001$. There appears to be greater discontent at not having postmortem photographs for parents of children who were younger at the time of death.

Qualitative Results

The question of meaning. In Survey Question 10, 113 parents who possessed photographs taken at or after the time of their child's death answered "what this photograph means or has meant to you, or what these

photographs mean or have meant to you?" Analysis of their text answers produced 158 distinct and pertinent meaning units. These ranged from one word to several sentences long. Thirty-seven distinct meaning clusters were found amongst these meaning units which were in turn found to accrete organically into three broad, higher-order categories: (a) Parents discussed real or potential functions of the photos in their lives; (b) they made direct statements of feelings (or otherwise abstract statements) about the photos; and (c) they discussed the circumstances around the taking or viewing of the pictures or spoke of the circumstances around their child's death. These three categories were labeled *function*, *feelings*, and *circumstance*.

Function of photographs. Mentions of the function of bereavement photographs, the most frequently coded of the three higher-level response categories, were found in 173 instances in statements by parents. These statements clustered into 17 meaning themes. The matter of parental and child identity was addressed by several response categories. The most frequently coded comment category addressed the value of photographs in helping parents identify their child as real and share that reality with others, in opposition to stated or implicit invalidation of either the child's existence or the legitimacy of their grief ($n = 51$): "People . . . think of our grief as this weird, abstract loss, and seeing photos makes it more real," "The pictures will also help my older daughter and future children know who [she] was, and maybe someday understand why she is so important to us," "It is so important to me that others recognize him as our baby . . . it has helped others provide support and love because they better understand the magnitude of our loss," and "These pictures represent that even though he never took a breath, he was and still is my baby. Here's the proof!" Several parents said photographs provided their only record of the child: "I [was] not issued any form of a birth certificate because he was not born breathing. These photos . . . are all I have of my son."

Another frequently expressed meaning theme, with 49 coded statements, pertained simply to the role of photographs in preserving and stimulating memory. Seven parents specifically said the pictures were the "only memory" or the "only lasting" or "only tangible" memory they had of their child. Many expressed concern that without the pictures they would have inaccurate memories or no memory at all: "I was . . . in such a state of shock that I would not remember what my daughter looked like if it wasn't for those pictures."

A variety of answers referred to the photos as helpful to the grieving process: "help me move forward" or "bring comfort." One parent poetically stated that "acknowledging and sharing" with pictures brought

"dignity to grief." Six parents said the pictures helped them memorialize or honor their child. Parents additionally stated that pictures helped "remember that empty part of my heart was once filled with love," "bring back memory of pride and adoration," and "bring a surge of love." Seven parents expressed that photos are a way to be with the child: "a piece of him to hold," "to keep him in our hearts and lives."

Feelings about photographs. Parents spoke directly of their immediate feelings about photographs or made other abstract statements about meaning in 141 instances, creating the second broad, higher-order category found in the data. There were 12 distinct thematic subcategories. The most common theme, expressed in two identical phrases by many parents ($n = 31$), was that the pictures meant "everything" or "the world." In addition, 19 parents expressed gratitude, appreciation, or thankfulness for having the pictures. Thirteen parents described the pictures as priceless, invaluable, irreplaceable, or very important; 19 as beautiful, cherished, or precious.

Nineteen parents expressed the desire for more or different pictures: "I . . . yearn that I had more" and "Wish I had some pictures with my husband holding him." Three parents expressed strong fear of losing their pictures. Five said they would be heartbroken without their pictures or could not imagine not having them. Four parents said the photographs are "painful" or "hard to look at" but they still appreciate having them, whereas one reported "mixed feelings" and wishes she did not have them. One parent creatively expressed ambiguous feelings: "Mix of sorrow and sense, art, mystery to pics." A number of parents reported mixed feelings or changing feelings over time. Eleven parents who reported initial negative feelings about postmortem photographs ("morbid," "repulsed," or "resistant") emphasized their shift in attitude. All reported current feelings of thankfulness and gratitude to have the pictures.

Circumstance surrounding photographs. The third broad category that emerged included answers that discussed context, past or present, in which the pictures were taken or are now used. For many parents, narrating a context was more pertinent to a discussion of meaning than sharing abstract feelings or describing the functions of the pictures. This category, labeled *circumstance*, contained 141 coded responses that accreted into 17 distinct thematic meaning clusters. The most frequent theme was a statement of confusion, shock, being unwell, "drugged," or otherwise physically or mentally incapacitated when decisions needed to be made about photographs ($n = 19$). In a similar theme,

11 parents mentioned how quickly events transpired on the day of their child's death, how little time they got to spend with their child, or how unprepared they were for the events that unfolded. Two parents mentioned that they would have never thought of taking pictures and two said they did not have a camera. Four parents expressed gratitude for hospital protocol that encouraged bereavement photography: "I'm so glad this service was offered . . . I didn't know that I was going to lose the baby . . . I was not prepared" and "I am so grateful I delivered at a hospital with a very progressive perinatal loss program." Eleven parents mentioned the use of either paid or volunteer professional photographers. Several parents commented negatively on the timing or quality of those pictures taken by nurses or with disposable cameras: "His skin color had begun to change . . . wish we had the option to have a professional there [and take pictures earlier]."

As discovered in the "feelings" category, several parents described a contextual process in which their relationship to the photos had changed or was changing: "At first I was repulsed by them and never wanted to see them again. About six weeks later I chose one to put in the frame . . . It used to make me so sad and I would cry . . . Now, I smile and say hello to her in my head every time I see it . . . I'm seven months out." One parent said that the postmortem photographs of her child meant so much to her that she abandoned her law career to pursue a new career as a professional bereavement photographer.

The issue of consent arose in replies by 10 parents and proved complex. One reply was from a parent who did not want postmortem pictures for cultural reasons:

[In Anishnabe beliefs] It's not okay to photograph the dead—it is said to be bad for myself to have those photos and bad for the baby's spirit . . . The photos were taken without my permission first. I would have declined the offer. But now that I have them, I have always felt conflicted about keeping them.

Another parent described a very different experience with consent: "Initially I did not want any taken . . . but the hospital called [the professional photographer] anyway, and I am forever grateful that they did." Eight parents reported somebody else encouraged them to take or allow the pictures though they were initially resistant: "I didn't think I'd want them but my doc encouraged me to take them. She was so right" and "I was reluctant, but the perinatal counselor suggested it and I am so thankful I listened." The following parent spoke on this at some length: "I was against the photos being taken . . . when asked by the nurses. My mom convinced me . . . I couldn't imagine not having them now. I would be more heartbroken."

Bereavement Photography With Older Children and Adults

Of 30 parents whose children died anytime beyond infancy (>1 year of age), seven reported having postmortem photographs. Two greatly valued their pictures of the funeral services for making their child's death real and providing a tribute to share with others. Two parents did not explain their pictures; one more said she did not look at the pictures; and two elaborated on why their postmortem pictures were valuable: "I'm glad I have them. They will eventually go in a 'sad memory' book . . . of all the painful memories surrounding his death and the aftermath" (child died at 19 months), and "Of course I would want those moments to be preserved. His life is preserved by many, many photos so his death should be too . . . Sometimes the photos make me cry . . . that is part of grieving and adds to my healing process" (child died at 21 years).

Two parents who did not have postmortem pictures of their older child wished they had: "In hindsight, I think I might have wanted to take some photos, but I didn't even think of it during that most stressful time" (child died at 26 years), and "I honestly wish I had a photo of him today to have forever. I . . . [thought] . . . the morticians would have taken the picture and had it on file in the event that I would want it at a later date" (child died at 14 years).

Parents Who Did Not Want Photographs of Their Children at Death

Of the 27 parents in the study who were content not having postmortem photographs, 22 described either a violent cause of death or circumstances that disfigured the child's body. Some parents elaborated, "She flew through a windshield and hit a pole, she was all cut up. I would not want to have a picture of that" and "He was dead for three days before he was found, and so we did not even have an open casket."

Seven parents stated that the only photographs they wanted were of their children alive. Several parents' answers overtly stated that the photographic identity and the remembered identity were too discrepant: "It did not even look like him," "The pictures made him look cold and alone . . . We didn't want to remember him that way," and "I said no [to photos at funeral] . . . The way he looked in his coffin was surreal and not a true reflection of who he was."

Four parents who did not want postmortem photos described being upset or disturbed by photographs taken without their permission: "It was very frustrating to feel like all these wheels were turning and that I had no say." For one parent, the thought of preserving a memento of her child's death was simply abhorrent:

“It is unimaginable, why would I want to remember the most horrific day of my life?”

Diversity and Bereavement Photography

Ethnicity was not reported by 25 of 181 study respondents (13.8%). The data frequency table emerged too sparse for meaningful statistical analysis or percentage comparisons. Nonetheless, useful data emerged given the dearth of previous literature on the influence of ethnicity and culture on bereavement photography.

Amongst White or Caucasian respondents, 35 of 133 did not take memento mori photographs or have them taken. Ten of these 35 regretted not having such photographs. One of seven parents identifying as Latino/Hispanic and one of seven identifying as Asian or Pacific Islander did not take postmortem pictures; both expressed a wish for them. One of four African American parents did not want postmortem pictures due to disfigurement. Parents who did have pictures in the above groups expressed primarily positive sentiments, as discussed in previous subsections.

The three parents who identified as LDS or Church of Jesus Christ of Latter-Day Saints members (Mormon) endorsed memento mori photography and had taken pictures of their children when they died. Three of the four respondents who as identified as Jewish took and appreciated pictures; the other reported discoloration due to a medical condition as a reason against photographs. Native American parents expressed mixed opinions, with two of four endorsing memento mori photography. One parent, whose baby died shortly after birth and whose religion and/or spirituality was identified as “indigenous ceremony,” kept several dozen pictures and values them greatly: “They are a way to memorialize my son. They are a way to share him. To be with him and honor him since I cannot do so physically. To help grieve.” Another Native American parent, whose baby died in the neonatal period and who identified her religion/spirituality with only the word *complicated*, did not have pictures of her baby but felt positive about postmortem photographs: “I did not even know that it was a possibility and would have as I have so few pictures of my daughter.”

In contrast, two Native American-identified parents expressed that postmortem photographs were disturbing. One explained, “It is against our traditional beliefs and I personally feel that it is morbid. We are Dine (Navajo).” The other parent had photographs taken but did not want them:

The photos were taken without my permission . . . it was meant in a good way, but due to the fact that my baby was Native American, I viewed it as culturally insensitive to assume that I would want that . . . She had been whisked away and was being washed (a ceremony my

“aunties” were supposed to perform), dressed (she was to be wrapped only in rabbit skin), and photographed. A triple insult to those traditions.

DISCUSSION

Parents who endured perinatal death were more likely to have postmortem photographs than parents of older children who died. They were also more likely to express regrets if they did not have pictures. Three explanations emerged repeatedly in the data, the first two of which were hypothesized: (a) the importance of capturing an image of a child for whom life course photographs would never happen; (b) many hospitals continue to encourage bereavement photography in cases of perinatal death; and (c) a higher proportion of older children or adult children had violent or disfiguring deaths, often cited as the reasons parents declined photographs. Still, several of these parents reported wishing they had such photographs.

Qualitative content analysis reveals that pictures can contribute to psychological wellness, ritualizing behaviors, personal and social narrative processes, and the generation of meaning. This was seen directly in themes expressed by many respondents (e.g., used as a tribute or to honor; used as indication of a change over time; used as a trigger to access emotions; used to create family bonding; triggered a change in career path). Meaning can also be meta-textually derived from parents’ during study use of their photographs as a prompt and vehicle for narrative construction: 57.1% ($n = 112$) of parents included narrative about past or present circumstance in answer to the survey item asking specifically and only about their understanding of the meaning of the photographs. The data suggest that future application of discourse analysis (e.g., Nikander, 2008) would be warranted to explore additional meta-textual properties of parents’ answers to this question of meaning.

From the data emerges an apparent irreducible intermingling of internal attribution and external context. The photographs are a record of the physical existence of the child, a specific time in the parent’s life, and the biopsychosocial context in the wake of the child’s death as understood by the parent. Such contextualizing and the narrative-making that ensues can be a powerful healing catalyst (Bosticco & Thompson, 2005; Neimeyer, 2005–2006). A number of parents suggested what one parent overtly expressed: “Pictures can help such a horrible experience become treasured moments.” Bereavement photographs seem to offer far more than just a visual memory.

Postmortem photography was crucial for many parents in establishing and sharing the identity of their child and their own parenthood. Occupying a liminal social status (Hockey & Draper, 2005) uncomfortably

outside the control of medical professionals (Davis-Floyd, 1990), the child who dies perinatally is de-identified socially (Cacciatore, 2010; Cacciatore & Bushfield, 2008; Lovell, 1983), leaving the parents to reconstruct that identity. And if, as Fisher (2008) noted, disabled children are accorded “deficient identities” (p. 583), then what are dead children, at any age, accorded?

Postmortem photography was found to be an aid to parents in adjusting to the magnitude of their loss and clarifying their ongoing identity as parents. Data also indicate that others’ acceptance and legitimization of their parental grief were important to mourning. Riches and Dawson (1998) also found photographs important as “concrete evidence” that could “confirm...the parental relationship” (p. 127)—especially important for parents without living children and those who experienced the death of a newborn.

The fairly high number of participants in this study ($n=181$) and the fact that they were recruited from different sources provided numerous exceptions to general trends. Several parents of older children took or wanted postmortem pictures while several parents of babies did not want them. Mixed findings from Native American-identified respondents exemplify the fact that each case is individual and must be treated as such. There is no single, evidenced prescription for bereavement care after child death. Rather the needs of each individual family must be considered (Cacciatore & Flint, 2012a; Limbo & Kobler, 2010). For several parents, postmortem photography was not helpful and their negative experiences are instructive. There were several disappointing experiences with photographers (e.g., “Chose the [four] she liked the best and deleted the rest”); several reports of provider discomfort with postmortem photography (e.g., “Obvious discomfort of the nurse who snapped the photo”); and several reports of provider insensitivity or overt dismissal of parents’ wishes. These data are a reminder that photographs are symbols of meaning on multiple levels, affirming the importance of appropriately sensitive protocol in infant and child death.

Still, the great majority of parents who had postmortem photographs after the death of a baby expressed a great deal of appreciation for them, and many parents who did not have postmortem photographs expressed regret. These findings are consistent with existing literature (Gold et al., 2007). Many parents also expressed regret at not having more photos, better photos, or different photos. Some parents expressed the complex nature of feelings evoked by postmortem photographs: “The photographs are viewed not just with sadness for what has gone, but also with love, pride and joy.” One parent was unequivocal: “Thank you!! to the past research that has gone into photos and holding and taking care of babies during and after death. This has

changed practice and I will forever be thankful to have photos of my baby!”

Recommendations for Practice

This study demonstrated that the behaviors of healthcare providers are related to parents’ attribution of meaning when they considered photographs of their dead child. Several authors have reviewed bereaved parents’ overall experiences with providers and made recommendations for standards of compassionate care (Cacciatore & Flint, 2012a; Einaudi et al., 2010; Gold et al., 2007; Henley & Schott, 2008). “Less emphasis should be placed on... standardization... focus should be on relational caregiving that underscores the uniqueness of each patient and their family, recognizes culture, and encourages affirmative, rather than traumatizing, provider reactions... based on authentic, mutual relationships” (Cacciatore, 2010, p. 694). Practice guidelines suggested by the Pregnancy Loss and Infant Death Alliance (PLIDA, 2008) recommend sensitivity to the unique needs of each bereaved parent. A recent international collaborative statement by 18 organizations in infant death calls for parental consent in the creation of any bereavement mementos (Warland et al., 2011). Osborne (2000) pointed out taking pictures or creating other mementos without consent could be considered negligence.

It is crucial that respect for the various wishes of parents be built into standards of care, and it is up to individual practitioners to live up to this ethical mandate with a mindful and humble presence (Cacciatore & Flint, 2012a). Promoting postmortem photography in a manner that will help parents surpass an inhibitory context of stigma requires sensitivity, awareness, and clinical wisdom.

Study Limitations

Despite a fairly large sample size and a number of rich responses offered by fathers and parents with diverse ethnic identification, the majority of respondents were White females. This limits quantitative exploration of data by gender or ethnicity and the generalizability of findings to all populations. Also limiting generalizability is the fact that this study utilized a volunteer, convenience sample and was a non-probability sample. Other data limitations include that some parents did not note their child’s gestational age but referred to “stillbirth” as the age of death; this limited opportunities for quantitative analysis. An online, self-report questionnaire may have limited narrative expression of thoughts and feelings for those respondents preferring in-depth interviews. The above points notwithstanding, the present study adds a rich body of data to the scientific literature; communicates bereavement care needs

expressed by affected parents; and enhances understanding of the meaning, process, and impact of postmortem bereavement photography.

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