

“Watch Over Us Sweet Angels”: How Loved Ones Remember Babies in a Hospital Memory Book

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Abstract

This article considers how parents constructed social identities for babies who died before, at, or shortly after birth between 1992 and 2008 at Overbrook Hospital, a large academic medical center in the northeastern United States. We find that parents constructed their own and their children’s social identities through deeply embodied shared senses of physicality, through processes of naming, and with a deep awareness of what they imagined would be ongoing relations. For many, these ongoing relations took place with an eye toward heaven. We situate our findings in historical context and draw out their theoretical implications for contemporary scholarship.

Keywords

infant mortality, death, embodiment, continuing bonds, afterlife, heaven

In the summer of 1998, Sam¹ was stillborn at Overbrook Hospital. Before his parents left the hospital, his mother wrote in the hospital’s thick wood covered memory book, “I will think of you every day for the rest of our lives and I will be with you again some day. You are an angel in heaven watching what Mommy

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and Daddy and S [older brother] do.” His father wrote, “Your mother and I awoke today to see the beautiful pink sky and sunrise . . . We knew that you were in heaven looking down on us.” Just over a year later, they returned to the book to write a note for Sam as they prepared to take their newborn son home from the hospital, “We are filled with joy to have N. but still grieve and are sad to have lost you. We wish we could have all three boys together.”

Sam’s parents joined hundreds of others who remembered infants they lost—before, at, or shortly after birth—in the memory book at Overbrook Hospital, a large academic medical center in an urban area of the northeastern United States. Formally located in the office of the hospital’s interfaith Chaplaincy Department, the book is circulated through the hospital by nurses and chaplains who offer it to parents grieving the loss of a pregnancy or newborn child. While some parents write an entry before they leave the hospital, others return weeks or years later or on death anniversaries to pen their thoughts. Many also share memories in the book at the interfaith memorial service, the Chaplaincy Department holds for infants who die in the hospital each year.

This memory book joins eulogies, photographs, online memory books, and other public and private ways people remember dead loved ones (Finlay & Krueger, 2011; Godel, 2007; Keane, 2009; Layne, 2000; Riches & Dawson, 1998). While much has been written about the public and private ways, people honor those who died in 9/11, the Oklahoma City bombing, wars, and other catastrophic events, scholars know less about how parents create social identities for themselves and for children who die before, at or shortly after their births in modern hospitals (Doss, 2002; Jorgensen-Earp & Lanzilotti, 2009; Klass, Silverman, & Nickman, 1996; McKim, 2008; Wagner-Pacifci & Schwartz, 1991). In death, as well as in life, some scholars have emphasized how social identities are affective, relational, and embodied (Blackman, 2010; Clough, 2010; Hallam, Hockey, & Howarth, 1999; Mason, 2004; Wetherell, 2009). Some, particularly since the 1990s, emphasize the continued relationships the living have with the dead and the role these bonds play in their identities (Kaufman & Morgan, 2005; Klass, 1992/1993, 1993; Klass et al., 1996; Walter, 1996).

It is not uncommon for the dead to continue to influence the present social identities of the living. Studies show how a dead partner may continue to influence the daily life of a living one, even after death (Hallam et al., 1999). In cases of miscarriage, stillbirth, and neonatal loss, the social identity and influence of the child (and sometimes the parents) are constructed from experiences of pregnancy and imagined futures (Gerber-Epstein, Leichtentritt, & Benyamini 2009). In the words of Helen Keane, “the status of a fetus depends on the social relations that surround it and either bring it into being as a person or not” (Keane, 2009, p. 166). This article explores how one group of parents socially brought to life their biologically dead children while creating identities for those children and themselves in the process. By analyzing the entries parents wrote in a memory book at one hospital, we find that parents constructed identities

through deeply embodied shared senses of physicality, through processes of naming, and with a deep awareness of ongoing relations. For many, though not all, these ongoing relations take place with an eye toward heaven.

We describe the social identities parents constructed for children in the memory book at Overbrook Hospital between 1992 and 2008, mindful of the temporal and geographic contexts in which they were created and with an orientation toward comparisons with 19th century American parents. By analyzing these entries in context, we view them as autobiographical occasions or times, as Robert Zussman argues, “. . . at which men and women are encouraged and, at times, required to provide accounts of themselves. These are the moments at which narrative and social structure meet” (Zussman, 2000, p. 5). By focusing on recent narratives in light of 19th century comparisons, we highlight how structural norms shape and have shifted the ways parents remember their dead children.

Background

A growing body of scholarship considers the processes through which identities and relationships push beyond the traditional boundaries of birth and death. Such approaches raise questions about the relationship between embodiment, affect, and the life course by considering how social identities are shaped in the presence and absence of physical bodies (Blackman, 2010; Hallam et al., 1999; Mason, 2004). At the beginning and end of life, the role and presence of bodies take on particular significance as individuals physically enter and exit life (Clough, 2010; Hockey & Draper, 2005).

When people die, it is increasingly clear that some of the living continue relationships with them, albeit in new forms. The disembodied dead are physically absent but in some circumstance remain socially present (Hallam et al., 1999). While there was evidence of continuing relations in earlier centuries—women in Victorian society helped to extend the social life of the dead by visiting their graves, celebrating special holidays with them, and praying—it is only since the 1990s that contemporary western approaches to bereavement and grief have included such insights (Mulkay, 1993). Support groups, objects used by the dead when alive, smells, and even particular places may come to have new meanings to the living after a death. As Elizabeth Hallam et al. argue, “the dead not only live in an ‘inner’ or psychological sense but, more consequentially, in a social sense exercise agency within the lives of survivors” (Hallam et al., 1999, p. 155). What Michael Kearl terms the “postself” or “engagements between deceased individuals and the living, whether based on their intended legacies or the legacies of others,” take different forms in different contexts (Kearl, 2010, p. 49). More people believe in heaven in the United States than other western countries which may also influence how the afterlife is imagined (McDannell & Lang, 2001).

Changing approaches to the body and to the potential agency of the dead are particularly evident in the United States around miscarriage, stillbirth, and infant death (Kaufman & Morgan, 2005). In antebellum America, up to one quarter of all children born to middle and upper-middle class people in cities like New York were expected to die before their first birthdays (Hoffert, 1987). Death happened at home, not the hospital, where parents bathed, dressed, and swaddled their dead infants. Some made sure siblings had the opportunity to say goodbye. Today, significantly fewer births are stillborn and fewer infants die in their first year.² A stillborn child—like all children—is typically delivered at a hospital where health-care providers help with bathing and dressing. In recent years, hospital staff have encouraged the parents of a dead child to hold and swaddle the child to facilitate bonding, grief, and psychological adjustment, but this was not always the case in medicalized contexts (Cacciatore, DeFrain, Jones, & Jones, 2008; Callan & Murray, 1989; Gensch & Midland, 2000; Reilly-Smorawski, Armstrong, & Catlin, 2002).

As the number of infants who die before, at or just after birth has decreased over time, the ways parents mourn them have shifted slowly. In the 19th century, parents mourned a dead infant over months and years saving locks of hair and conducting rituals and funerals (Hoffert, 1987). Today's parents do some of the same. While antebellum parents sometimes commissioned a life-sized portrait of a dead infant or child, today's parents have ultrasound images and digital photographs to visually construct their memories. These images "furnish evidence" and "confer importance," in the words of Susan Sontag, influencing how parents mourn (Sontag, 1990, p. 3, 22) (Godel, 2007; Keane, 2009; Sanchez Eppler, 2005).³ The growing use of ultrasounds in recent years enables parents to "see" their fetus long before a child is born. Helen Keane explains their significance quoting Linda Layne,

. . . ultrasounds encourage women to think of their wished-for child as a person almost as soon as conception occurs (or even before conception). But if the pregnancy ends with a miscarriage, there is a sudden revocation of this incipient personhood which leaves parents with the question of how to represent the reality of what they have lost in a way that is culturally intelligible (Godel, 2007; Layne, 2003, pp. 17–18)." (Keane, 2009, p. 158)

The presence of ultrasound images in memorials is one way many parents begin to make this new reality start to make sense.

How parents mourn infants has shifted between the 19th century and the present because infant death is less common and expected, because images play a different role, and because women experience aspects of their pregnancy differently than in antebellum America. Many are aware they are pregnant earlier, thanks to home pregnancy tests, which provides them extended time within which to shape identities for their children. Because more are aware they are

pregnant earlier, what might have been experienced as a late period in the past is now experienced as a miscarriage and loss of a child (Frost, Bradley, Levitas, Smith, & Garcia, 2007; Keane, 2009; Layne, 2003; McCreight, 2004). Increased fetal testing also shapes what women know about their children in utero today and decisions they may have to make. The risks some women experience in pregnancy today are shaped by numbers and test results from genetic counselors, amniocentesis, chorionic villus sampling, and other prenatal tests more so than by a significant likelihood that the child will die at or just after birth (Bosk, 1992; Drugan, 1990; Quadrelli et al., 2007; Rapp, 2000; Timmermans & Buchbinder, 2010).

As they mourned an infant's death, some antebellum parents—like today's parents—referred to heaven and the afterlife. Antebellum parents saw an infant's death “as the result of some incomprehensible plan devised by an inscrutable God and found comfort in the conviction that their children had gone to heaven and were probably better off there” (Hoffert, 1987, p. 605). Unlike in earlier years in which teachings about the depravity of infants suggested otherwise, most antebellum parents believed infants and children went directly to heaven. Few were angry about these deaths. Instead 19th century novelists and authors suggested that dead infants prepared a place for their family members in heaven and provided a direct connection between heaven and earth. Parents' separation from their dead children was not permanent but temporary, until they were reunited in heaven in reward for their suffering (Hoffert, 1987).

Parents today continue to imagine ongoing relationships with their children and reunions with them in the next life (Cook & Wimberley, 1983). They find ways, in the words of Margaret Godel, to “visibly incorporate people who die into their lives and affirm the continued social identity of the dead person in the absence of a physical body” (Godel, 2007, p. 254). Angels figure prominently in how people today think about heaven as a resting place where many aspects of contemporary life continue. Rather than imagining their dead with the angels, people increasingly describe dead loved ones as angels, countering traditional theological explanations in many religious traditions (McDannell & Lang, 2001). In her study of online pregnancy loss memorials, Helen Keane finds that the “iconography of angels is one of the most frequent responses to the realness problem of pregnancy loss and the question of how to visibly represent a lost child” (p. 160). Angels make real the lives of lost children and suggest that their existence continues.

To better understand how today's parents remember and mourn in ways similar to and different from their 19th century forbearers, we analyzed the memory book at Overbrook Hospital. We view this book as a cultural object that gives parents the opportunity to bear witness to their child's life, connect with others who have experienced such a death, and continue relationships with their child (Griswold, 2004). This is a quasipublic space located between private materials or memories parents may have in their homes and public memories

shared in obituaries or on grave stones (Warner, 2002). We conceptualize parents' acts of writing as what Robert Zussman calls autobiographical occasions and Douglas Ezzy describes as a time, "When a person is called to provide an autobiographical account, a sense of self-identity is constructed through a complex interweaving of the influence of social location, lived experience, narrative strategies, significant others, biographical history, cultural repertoires, and individual creativity." (Ezzy, 2000, p. 121). We see parents constructing identities for their children and themselves in ways that are embodied, ongoing, and often connected to the next life in ways that push traditional-bounded approaches to life and death.

Research Methods

The first author learned about this memory book when conducting research for a larger project about the chaplaincy at Overbrook Hospital (Cadge, 2012). The book was donated in the early 1990s by a couple who gave birth in the hospital in the 1960s to a child who, in their words, "lived for only a few short hours." Their names and story appear on the first page with the lines, "Time is a great healer of sorrow but memories should be cherished." Chaplains—who are mostly interfaith—offer the book to families they think would appreciate it. The department director explained in an interview that such families typically include those who miscarry close to full-term babies or have babies who die shortly after birth. Because chaplains visit with a wide range of patients and families, including those who are not traditionally religious, there is no reason to think that only the most religious families were offered this book or wrote entries. The book is also available in the hospital chapel at the annual bereavement service for families who have infants die in the hospital. Slightly larger than a typical binder, it has a thick engraved wooden cover. Instructions for chaplains checking the book out from the chaplaincy office and for nurses and social workers returning the book are inside.

We focused on this memory book mindful that it is one of several ways interfaith chaplains at Overbrook Hospital work with families who are grieving the loss of a fetus or child. Like in most of the other hospitals the first author studied in a larger project, Overbrook chaplains create opportunities for families to remember through memorial services, memorial displays such as quilts, and one on one support and counseling. The latter is the most prevalent. Outside of the hospital, local congregations in the area also organize similar services for members in regular weekly services and in special gatherings throughout the year (Fishbane, 1989; Gudeman, 1976). Of the hospitals studied in a larger project, Overbrook was the only hospital the first author learned about that had this kind of a memory book. One of the other intensive care units at Overbrook also had a memory book that was started after health-care workers in that unit learned about the book analyzed here.

We analyzed all the entries written in this memorial book between 1992, when it was first available, and 2008 when it was filled. A second book was subsequently started that we did not analyze. Approximately 188 infants were remembered in the book, 141 single infants (85%) and 23 sets of twins (14%). We cannot estimate what fraction of all miscarriages or infant deaths that happened in this hospital are remembered in this book, but we suspect it is a small number of less than 10%. We also cannot estimate what fraction of these were first pregnancies, pregnancies that resulted from assisted reproductive technology, and so forth, given the information available in the book. We have no information about people who were offered the book but declined to write in it for any reason.

About two-thirds of the infants memorialized in the book were remembered in one entry, frequently signed by multiple people. Loved ones wrote between 2 and 18 entries for the remaining third of infants, usually visiting the book over a number of weeks or years. In the entries (40% of the total) in which it was clear when the child died, 2% wrote before the child died, 59% wrote immediately after the child died, 11% 1 to 3 months after the death, and others wrote at other times. Approximately 7% of all the entries were written in languages other than English, most frequently Spanish and French, which were translated and analyzed.

We used a standard code sheet to gather information about each entry. The unit of analysis was the family or community of people who remembered each child or set of twins who died ($N = 165$).⁴ In addition to analyzing the demographics, structure, and content of these entries, we read all of them in detail and considered their frames, languages, and messages. The majority of entries were written as notes or letters to babies who died in which parents bore witness to the child's life and often made a promise to love them forever and to meet again.⁵ A few writers (17%) expressed gratitude.⁶ Entries were usually written within 5 days of the baby's death or on a special occasion or anniversary like the due date or what would have been their first birthday. Most entries were signed by mothers and fathers though it was not uncommon for siblings, grandparents, pets, and other family members to also sign entries using the names they would with the child. While some included birth or death certificates, programs from memorial services, photos, and other materials, most were written as letters that began with "Dear" and concluded with "Love." The public nature of these private sentiments is intriguing, and we are sorry not to have additional information about how families remembered loved ones privately in memorial or funeral services, in their homes or on physical memorials, in cemeteries or in other places. It is possible that so many entries were written as letters to those who died because later writers mimicked the content and styles of earlier writers. Additional study of a broader range of artifacts is needed to assess this.

All three authors read the entries and the second and third authors did basic coding using the standard coding sheet. We regularly assessed intercoder

reliability by having all three authors' code sets of random entries and assessing consistency in response, which was high—typically above 80%. The authors also drafted analytic memos during and after this standard coding drawing out themes for further analysis and highlighting issues consistent in the entries that were not, for reasons of brevity, captured well by the coding sheet. By combining content analysis and inductive analysis with an awareness of themes in existing literature on this subject, we returned to many of the entries multiple times while analyzing and writing this article, looking for points of similarity and difference in how they were framed and articulated.⁷ We kept historical comparisons in mind throughout the analysis.

Findings and Discussion

Parents who remembered children in this memory book created identities for those children who are embodied, deeply relational, and bridge the space between heaven and earth. Parents most regularly bore witness to the death of their child, affirmed that the child was and is a part of their family, and described how they will continue relations with the child who is often described as in heaven. A thin space between heaven and earth—across which the child's identity was created—was evident in many entries.

Creating Identities Through Physicality

Many parents opened their entries with physical descriptions of the child or children who died. Endearing nicknames like “precious,” “perfect,” “angelic,” and “dearest” were common as were detailed physical descriptions—real or imagined—of the child or that connected the child and the parent. Some mentioned specific body parts—“your fingers and toes were perfect”⁸—or described a “long torso, long arms and legs,”⁹ always in positive terms. Close to three-quarters of families included some kind of photo with their entry that ranged from an ultrasound image, photos of the infant after death, and photos of other living family members. While a few wrote about seeing their child alive via ultrasound, writers tended to refer more to ultrasound images as continued evidence that their child lived. As Helen Keane has written, “the technoscientific authority and objectivity of this particular ‘baby photo’ [ultrasound] provides incontrovertible evidence of the reality of foetal existence . . .” (2009, pp. 164–165). That the ultrasound helped to establish the child's life, “is not surprising,” in her words, “that they also influence the meaning of pregnancy loss” and is used by parents as photos of the child following his or her death (2009, pp. 164–165).

In addition to the images, many parents described the child physically in ways connected to their own physical characteristics. The parents of a stillborn daughter wrote—after listing her name, weight, and birth date—that she “had curly

hair and blue eyes. She was a real combination of both of us with [Dad's] beautiful white Irish skin and a touch of my Asian eyes."¹⁰ Another mother, writing on her son's "supposed due date," drew similar connections writing, "Looking at your father- your red haired twin, always reminds me of how tall and handsome you would have been someday"¹¹ In the words of another, "you look just like daddy"¹² and another, "your nose resembles that of daddy, your face an exact replica of K's when she was born."¹³ While parents constructed identities for their children through aspects of their own physical selves, some also commented on surprises in their child's physical appearance. In the words of a mother writing to her dead daughter,

You have your father's long graceful body and big feet. Your grandmother thinks you would have had her long pretty hands and nails. I think you would have had my wonderful personality. We aren't quite sure where the blond hair and eyebrows came from but we do know you were the most beautiful baby we ever laid eyes on.¹⁴

Like the realness problem Helen Keane describes, these descriptions and embodied connections affirm not only that the child was real but also that he or she was the son or daughter of the parents as evident in these physically descriptive connections.

While most descriptions were based on how the child appeared at birth, some included the mother's physical experience of pregnancy or parents' visions of how their child would have grown. Mothers typically wrote about the experience of pregnancy using phrases like, "I carried you in my tummy feeling you move and play."¹⁵ Those who lost babies early in pregnancy particularly described how the child would have grown. A mother who, it sounds from the entry, miscarried while the child was "only . . . the size of the nail on my smallest finger" imagined the child growing, "I imagine you newborn, small and brown with soft black hair, I picture you as a four year old, slim and dark with a mop full of curls on top."¹⁶ Another family who had twins die after 23 weeks of pregnancy placed a photo of them in the memory book and wrote, "we had dreams of you having your mother's beautiful skin and hair."¹⁷ Parents constructed identities for all of these children who were deeply embodied and described through actual or imagined physical commonalities that linked the child and parent, affirmed the child's life, and enabled the parents to begin to grieve the loss of the baby and the child or adult she or he might have become.

Creating Identities by Names

In addition to embodied physical connections, parents also constructed identities for their children through given names and descriptors that connected the

child to the family. Like the ultrasound images, these names made the child more real and continued to develop his or her identity socially in life despite death. As with living children, given names connected children to beloved parents or grandparents and signified messages or hopes parents had for their child. For example, one entry began with, “Your dad and I want you to know your name was very special, just like you!” This mother wrote her daughter’s name in all capital letters at the top of an entry in the memory book with the date and time of her birth just underneath. “Part of you will always belong to your mother, the other part to your dearly departed grandmother,” she told her child in regard to her namesake.¹⁸ Another mother wrote after describing to her deceased daughter what her first name meant,

Your middle name D. is your maternal great-grandmother’s name. She is a great woman of tremendous love and strength and I am sure you have already met in his Kingdom. I know she will take care of you with a host of other relatives.¹⁹

In addition to given names, parents developed children’s identities through phrases that named the children as family members. Parents frequently wrote that the child who died will be “our first born forever,”²⁰ “will always be our child,”²¹ or “will always be Daddy’s little girl, you are my daughter forever.”²² Parents saw their children as part of nuclear families and emphasized how special they were and the permanent places they would occupy in the family, even if their lives were short. A couple whose son lived for 10 days remembered him in this book by affirming that he would,

. . . always remain in our hearts” and “[be] a part of our lives” even as they said a temporary goodbye. They emphasized that he was their “very dear and special child” who, despite his short life, had given them “a lifetime of joy and happiness.”²³

How deceased children are named and developed shifting places in families were particular evident in entries written over a period of months or years. One mother, for example, wrote just after her son died telling him about herself, his father, and their family. “You will always be my baby boy,” she wrote, adding, “I sometimes feel I can still feel you swimming around in my belly.” She closed quoting from Robert Munsch’s children’s book *Love You Forever* saying that she will always be his mother and he, her son. She returned to the memory book 1 and 3 years later to remember her son on his first and third birthdays and to give him updates about their family. In each entry, she affirmed that she loved him, that he would always be her son, and that he had a special place in her heart and in the family. Language about love, missing, and affirming a connection was common across entries, even as this child’s place in the family shifted as the family welcome a new baby.²⁴

Anticipating Continued Relations

Similar to parents who wrote over several years, other parents anticipated continued relations with their children after death and wrote about those relations. Many promised to never to forget their children. In two short entries, one written by a child's mother and one by her father, parents named their daughter and promised to "love you more and more with each passing year. Forever in my heart and soul" (mother). The father related that he "miss[es] you even more every day" and will "never forget." Other parents promised not to forget their children writing, "Please know that you will always be a part of our lives and that a day won't pass that we don't think of you." This child's father, in a shorter note wrote simply, "I love you with all my heart and miss you every day. You're a part of my life forever and I will never forget you." Such promises joined photographs, drawings, and other materials in the memory book as what Jenny Hockey calls "objects of discourse" that sustain a child's social presence and identity (Hockey & Draper, 2005, p. 45).

Heaven figures prominently in how many—but not all—parents who wrote in this book imagined continuing a relationship with their child. Rather than describing their child as with angels, many described their child as an angel incorporated into heavenly families closely connected to those on earth. While 19th parents imagined heaven as anthropocentric—or people focused—contemporary parents are angel-centric as well as anthropocentric and theocentric—God-focused. Anthropocentric and theocentric approaches to heaven have long existed simultaneously in the United States and are increasingly being joined it seems from this case and others by angel-centric approaches (McDannell & Lang, 2001).

Some scholars attribute angel-centric approaches to large number of people in the United States—more than 80% according to surveys—that probably or absolutely believe in heaven and angels.²⁵ Others see angel-centered approaches growing out of America's Christian history, though the specific ideas people have about heaven are quite divorced from traditional Christian teachings on the issue. Such ideas about angels are also recently evident in Britain as seen in memorials to musician Jade Goody. Some who memorialized Goody on the web believed she was an angel from heaven, a place from which "the dead can continue to care for the living" (Walter, 2011, p. 2). Tony Walter sees such approaches as evidence that angels have agency and that offer a way of caring in mourning cultures like that of Britain and the United States that do not traditionally have strong languages of care; "Angels provide a simple theological language that is more able than soul," he explains, "to express continuing bonds . . ." (p. 18).

In their focus on angels, many parents who wrote in the memory book at Overbrook Hospital promised to meet their children in heaven. This was evident in the writings that included, "one day we are going to meet again,"²⁶ or "we will

be with you in the future in heaven to spend all of eternity with you together.”²⁷ With these claims, today’s parents, like those in the 19th century, promised that death did not end their relationship with their children. Rather, they signaled a waiting period after which they would reunite with their children and declare their dedication and love. Such claims further reassured parents that goodbyes were temporary—“goodbye[s] for now”²⁸ until they met again.²⁹ As one mother wrote to her child,

I hope you enjoy the love and happiness your spirit will have with your family who has passed from the earth and know that I wait with great anticipation for the day I can hold you in my arms again.³⁰

Such images of heaven are relatively consistent across entries, reason for pause in a book that contains thoughts and feelings from people from a range of racial and ethnic backgrounds, religions, and countries of origin (see also Smith, 2011). Unlike in the 19th century, we did not find explicit evidence in this book to suggest that parents saw children preparing places for them in heaven in exchange for their suffering.

In this talk of heaven, it was not uncommon for writers to tell deceased children directly that they were in heaven. In a short entry, one mother and father wrote, “You are in heaven right now with God.”³¹ Another mother called her son “our Gift to God” writing that he “went up to heaven an hour and a half” after his birth after 24 weeks of pregnancy. “You got to go to heaven without ever having to know pain or evil,” this mother continued, “you are nothing but pure and good.”³² As in this entry, loved ones imaged heaven—sometimes also referred to as home—as a positive, safe place. For example, “You are safe and happy with God in Heaven”³³ or “I’ll see you when it’s my time to come home.”³⁴

For some writers, heaven was safe because family members who already died were there waiting for or already caring for the child. Rather than seeing heaven as a separate set aside place, many imagined it being much like earth where relationships and activities continue (McDannell & Lang, 2001). In one entry, carefully handwritten by a mother who put a heart with her daughter’s initials inside next to the text were the words, “I am thankful you are in heaven with so many others who will love and take care of you until I arrive hopefully many many years from now.”³⁵ Reflecting anthropocentric views, some writers named trusted family members, relating, “when you reach heaven, your great grandma AMB will be waiting on you.”³⁶ Or, in describing what her son liked in the womb,

He liked his baby music CD we played for him . . . I hope when we play it now he is dancing in heaven surrounded by two namesake grand-dads—R and B—and all the other loved ones who met him there.³⁷

While some writers assumed older predeceased relatives would take care of his or her children, a few assumed care would go both ways. For example, “I know you are with your grandfather in Heaven. Take care of each other.”³⁸

Most writers also saw heaven as safe because they believed God was there with their children—now angels—who would help to protect and guide family members on earth. Many believed their children were hand picked by God and gained special abilities or powers from being with God in heaven. They asked their deceased children, in that capacity, to watch over and guide them. Some asked generally, for example, “shine your starlight in the heavens and guide us.”³⁹ Another mother wrote, “I want to ask the man upstairs why . . . but they say don’t question him. Let him do his work. I hope you watch over us forever.”⁴⁰ Some parents seemed to be seeking support through divine attention while others framed it more as a way to stay connected to their child. “You will always be with us in heaven as on earth,” one family wrote on a memorial card they placed in the memory book for their son. “Please watch over your brother C.”⁴¹

Some parents also specifically asked deceased children to pray for them or for their siblings, believing they could protect them or impart divine favor. One set of parents wrote to a twin—addressed as “our precious angel”—asking him to protect his twin brother who was still living. “We will never forget you,” they began, “You’ll always be in our thoughts and in our life.” Calling him their “little angel,” they named him the “guardian of your little brother twin who will live while you are watching him.” They asked him to “pray for us and especially for your brother so he can have a healthy and happy life . . .”⁴² Parents also asked deceased children to pray for older siblings writing, “You watch over and protect your big sister H.”⁴³ or “Look over your brother.”⁴⁴ Parents who made these requests usually asked the child—now an angel—to watch over the family or siblings, to pray for them and to remember them with God. They rarely asked for specific favors beyond general requests for protection and attention.

As parents described children as angels with God and predeceased family members, they reflected theocentric, anthropocentric, and angel-centric assumptions about heaven. Communication with these angels was possible and their agency on earth assumed across a thin divide between heaven and earth. In heaven, parents imagined their children as children or at least retaining child or human like attributes. Such attributes, they implied, would lead them to grow up in heaven similar to how they might have on earth. One mother asked her son, “How is heaven? We hope you are working hard on your basketball game,”⁴⁵ while another father depicted his son as “busy” in heaven.⁴⁶ Other parents portrayed their deceased children as needing to be parented in heaven writing messages like, “Please behave and be a nice baby boy, don’t misbehave ok?”⁴⁷ “be good, no fighting”⁴⁸ and “have fun with the angels and save a hug for us.”⁴⁹ In imagining children growing up in a heaven with predeceased loved

ones, basketball courts, and other kids to fight with, parents retained aspects of their own identities as parents, of their families as units that include these children, and of ongoing connections to these children across the experience of death. They also painted a view of heaven that is peopled, quite close to earth in its content and something they could easily relate to as they imagined their children continuing their lives in this other realm.

In these entries, parents further assumed that communication between heaven and earth could go in both directions. As one mother and father wrote, “Dear M and J, We heard you’re happy and are with wonderful people. Love, Mom and Dad.”⁵⁰ Not only does this entry presume that the children can hear the parents but also it illustrates the parents having heard—in some way—from the children after they died. These continued connections are evident in entries written shortly after a child died as well as in entries loved ones added to the book at annual bereavement services held by the hospital. While entries written at services tended to be shorter, they continued to be addressed to the child, to affirm the child’s life, and to make promises and requests in death. As such they further show how, as scholars of grief claim, people continually negotiate new relationships with loved ones who die as they continue to grow and change in their own lives (Klass et al., 1996).

In the ongoing relationships parents imagined with children, it is interesting to note that relatively few parents dwelled on “why” their child died. Only one-fifth of all entries in this book offered some explanation for why their children died and this was generally via religious or medical frames. Most placed responsibility in God’s hands that included entries such as, “God had a different plan for you and called you home”⁵¹ or “God decides everything.”⁵² Some were less sure of what God’s reasons were, but felt sure that God had them. One such entry began with a certificate in honor of a child’s birth. A short note from the child’s brother followed and then the parents wrote an original poem. The poem pointed to God’s reasons for the child’s death, though unknown, with the lines, “It must be a special reason for which God chose you. Perhaps designed to fill a heavenly void of which we are almost certain”⁵³

A few parents also offered medical explanations for their child’s death. Most explanations were short, referring to “cardiac arrest” or “lung failure” in infants who were born alive. Others described prenatal testing that led babies to be diagnosed with severe disabilities, some of which parents were told were incompatible with life. Mentioning several such diagnoses, one set of parents wrote, “a month ago we came to the hospital and were hit with new terms and phrases we never knew existed.” They went on to describe these, a “test that came back for a lethal form of [name of a condition]” and the difficult decision they made to “let go of our dream of a long life together.”⁵⁴ The overall lack of these sorts of comments suggests that parents who wrote in these books may have been more forward than backward looking, or that this book was not perceived as an appropriate place to share such thoughts.

Conclusions

Parents who remembered children in the memory book at Overbrook Hospital brought those children to life in their entries. While death ended the biological lives of these children, their parents and loved ones created social lives for them as they physically described them, named them, and imagined continued relationships often in a next life. As a case study, these examples show how the self and social identity of a fetus is created, embodied, and enacted via objects of discourse as Helen Keane's suggests not only at the moment of death but also in the days, months, and sometimes years that follow as the living negotiate new social relations with the dead (Hockey & Draper, 2005).

As they negotiated social identities for their children, the parents quoted here did so with primary reference to their families rather than to the medical contexts in which the children died. This approach reinforces Margaret Godel's idea that after a child's death, parents "project and reinforce conventional understandings of family, and the importance of the family as a social group" (Godel, 2007, p. 258). For some writers, this family is bounded on earth while for others it quickly crosses a thin line between heaven and earth to include predeceased relatives and their children—now often imagined as angels—with whom they can converse.

Contemporary parents seem much like antebellum parents in the depth of their grief though the ways they construct and hold on to memories of their children have shifted a bit. Today's parents differ in the frequency with which they experience infant death, the ways they use images to remember, and in their shifting ideas about heaven. While 19th century parents believed infants went directly to heaven, they also believed,

. . . that babies performed a useful function within the family and that God's purpose for removing infants to heaven was not arbitrary but a part of a divine plan which could serve as the basis for preserving the unity of the family. (Hoffert, 1987, p. 608)

In contrast, some contemporary parents referenced a divine plan, but there was little evidence of a family based plan and no connections made between infant death and preserving the family by more recent parents. Rather, today's parents wrote about their children turning into angels that watch over and continuously connect to the lives of their parents and other family members. The extent to which this is a uniquely American approach, that is, reflective of the large numbers of people who believe in heaven and angels in the United States currently, is an open question. However, Tony Walters analysis of angels in British memorials suggests it may not be so limited (Walter, 2011).

Beyond what it shows about the theocentric, anthropocentric, and angel-centric views of heaven, some in the United States seem to hold simultaneously

and the ways many negotiate continued relations with the dead, this case study shows that death—at least infant death—continues to be largely a private affair with a public dimension as it takes place in hospitals rather than at home in the United States (Aries, 1974; Sanchez Eppler, 2005). While many who wrote in this book had the support of their families, the book was created to help facilitate community—to create a kind of quasipublic—among those with similar experiences who otherwise might not connect even in writing. While we cannot assess the extent to which the book provided community and support to writers, the act of writing linked writers to people in earlier centuries who penned “mourning diaries” about the deaths of loved ones (Garton, 2002). Mourning diaries were more private than this book, however, located only in the private homes of those who wrote them. This memorial book is more public, perhaps more like the AIDS quilt in that it includes private information about loved ones that is shared, though not shared as widely as the AIDS quilt on display. The intention behind the writing might be similar though, as Marita Sturken has argued that many who contributed to the AIDS quilt did so to “make something out of the loss” in ways that bear witness to their loved ones and to the love they did and continue to share with them (Sturken, 1997, p. 199).

We hope this case and the insights drawn from it will motivate other scholars to analyze objects and artifacts through which we can learn about ongoing relationships between the living and the dead and the ways those relationships have changed over time. Considering how parents memorialize and connect with infants who, in most cases, never lived tells us much about how parents in the 19th century and today construct identities for their children and think about the social identities that hold families together in death as in life. Whether these identity constructions are unique to Overbrook Hospital and the patients or families treated there is an open question as are questions about how people envision heaven not just when thinking about infants but when thinking about a wider range of people who die. The ways people construct continuing bonds and imagine the boundaries of life, death, and heaven across analytic axes of difference including age, race and ethnicity, religion, and time of death are questions ripe for continued scholarly exploration.

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Notes

1. We changed the names and identifying details of all of the people who wrote entries in this book or were remembered there to protect their privacy. We identify each entry by the letter E (for entry) and a number that we used when tracking the entries in the analysis.
2. For detailed statistics since 1950, see <http://www.cdc.gov/nchs/data/hus/hus09.pdf#019>
3. In the 19th century, dead children were often photographed. In Germany, at one point so many people took their deceased children for photographs that it caused a public health problem (Boerdam & Martinius, 1980).
4. We followed writers who returned to the book multiple times and coded all of their entries together as a single case.
5. While writers were implicitly sharing their story with others by writing in this book, only a few entries included explicit messages for those others.
6. While most parents wrote notes or letters to their children in which they made promises, a few expressed gratitude in their entries (17%).
7. A methodological approach similar to is described in (Markoff, Shapiro, & Weitman, 1975).
8. E46.
9. E28.
10. E44.
11. E3.
12. E123.
13. E99.
14. E40.
15. E82.
16. E32.
17. E57.
18. E60.
19. E105.
20. E44.
21. E124.
22. E100.
23. E2.
24. E55.
25. http://www.thearda.com/QuickStats/QS_71.asp; http://www.thearda.com/QuickStats/QS_74.asp
26. E50.
27. E46.
28. E49.
29. While explicit goodbyes were rare, those who wrote this way usually kept the message brief and direct.
30. E105.
31. E62.

32. E46.
33. E118.
34. E130.
35. E104.
36. E143.
37. E173.
38. E94.
39. E166.
40. E151.
41. E47.
42. E140.
43. E130.
44. E115.
45. E3.
46. E46.
47. E50.
48. E59.
49. E80.
50. E10.
51. E103.
52. E79.
53. E8.
54. E142.

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