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Stillbirth Memento Photography

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Abstract

Research into stillbirth memento photography shows the practice to be welcomed by the bereaved. The visual attributes and content of stillbirth memento photographs are yet to be rigorously analysed however, representing a significant gap in current understanding. This study seeks to address this. 51 professionally produced stillbirth memento photographs have been sampled, anonymised and analysed. Using a content analysis methodology, imagery was characterised by aesthetic and semantic properties. The results were then cross-referenced against existing stillbirth scholarship, data from an interview study with people who had experienced pregnancy loss, and against image theories. The content analysis identified four distinctive image tropes in the sample: images of mother, father and baby, with the baby being held and the parents touching; macro photography of the baby; portrait photographs of babies lying alone with little or no physical trauma evident; and images of a parent, usually the mother, cradling the baby. The analysis also identified specific attributes, present across the sample, that appeared significant and distinctive of stillbirth memento photography. These were: (1) *stylistic attributes*, (2) *acknowledgement and validation,* (3) *identity construction*, (4) *ambiguity* and (5) *embodiment*.

Keywords

Death studies; graphic design; health communications; obstetrics; stillbirth; photography

1. Introduction

1.1 Stillbirth

In 2017 there were 2,873 stillbirths in the UK (an incidence of 4 per 1000 total births) and 1,903 deaths of babies under seven days old (Office of National Statistics 2019). Worldwide more than 7300 children are stillborn each day, equating to almost 3 million annually (Frøen et al 2011). This experience is traumatic for parents; research on the experience of mothers specifically has shown stillbirth to be associated with anxiety, depression and post-traumatic stress disorder (Badenhorst et al 2006; Boyle et al 1996; Rådestad et al 1996; Vance et al 1995). Stillbirth itself is often considered taboo, with a social stigma that often leads to the bereaved becoming isolated (Brierley-Jones et al 2015). Whilst this has been acknowledged in many high-income countries, with psychological support services being made available, anxiety and depression still affects around one in five mothers of stillborn babies (Frøen et al 2011). Perinatal and neonatal death has been described as "the shattering of the assumptive world" (Woodroffe, 2013: 99), referring to the way parents' expectations for a straightforward pregnancy and a live birth are unmet, failing to cohere with their assumptions about the world. This leads to "painful grief" (Badenhorst and Hughes 2007, 249) and "potentially harmful psychosocial effects including grief, depression, anxiety and self-blame" (Peters et al 2014, 272). For mothers:

> There are few if any more traumatic experiences a woman can endure than giving birth to a baby that has died. The consequences of stillbirth are emotional, cognitive, psychological, social, spiritual and physiological. (Cacciatore 2013, 76)

Despite this, a survey of UK maternity units conducted in 2010 by the bereavement support charity Sands Stillbirth and Neonatal Death Charity (hereafter Sands) found that fewer than half (47%) had a designated bereavement support midwife and that three quarters of units had a member of staff or midwife that performed part of this role without official title or additional remuneration (Sands 2010). Regular training for midwives was provided in only half of maternity units with training for doctors provided in approximately one third of units. In the UK, positive work is augmented by charities such as Tommy's and Sands, but many interventions and resources have not been evaluated. A typical element of best-practice care in aspirational NHS Trusts is post-mortem memento photography, although this too has received little analysis, particularly from researchers in the field of visual studies.

1.2 Post-mortem Memento Photography

The practice of photographing the dead is as old as photography itself (Burns and Burns 2002; Hilliker 2006; Mord 2015) and can trace its origins to painterly traditions (Mander and Marshall 2003) as shown in Victorian memento mori photographs and their precursors in painting. Developments in image-making technologies and visual literacies have resulted in significant aesthetic changes, but the central practice of creating a visual memento for the bereaved family of their deceased child is longstanding and well established. Cultural responses to post-mortem memento photography have also evolved, with its widespread adoption in the 19th Century followed by its decline in the mid 20th Century as taboos formed around mourning and expressions of grief (Godel 2007). Throughout much of the 20th Century parents were prevented from engaging with stillborn children and were encouraged to forget the trauma and the child

(Erlandsson et al. 2013; Lovell 2001; Stringham et al. 1982). Deceased babies were hastily taken away from parents before bonding could happen. Research into bereavement and grief (Parkes 1996; Bowlby 1979) and into childbearing (Kennell et al. 1970) emerged in the late 20th Century that shifted the emphasis of care back towards remembrance. In current practices medical practitioners are encouraged to refer to the child by name, to encourage the creation of memories by offering parents the opportunity to hold their baby, and to promote the creation of keepsakes such as locks of hair, hand prints and photographs (Calhoun 1994; McCartney 2007; Workman 2001).

1.3 Research into Care

Historically bereavement care following the death of a baby has been an under-researched area, although in recent years there have been an increasing number of studies looking into the care patients have received following perinatal and neonatal loss (Brier, 2008 ; Callister, 2006 ; Chambers, Chan, & Flenady, 1998 ; Gold, 2007 ; Gold, Dalton, & Schwenk, 2007 ; Harvey, Snowdon, & Elbourne, 2008 ; Horey et al., 2013 ; Kendall & Guo, 2008 ; Lundqvist, Nilstun, & Dykes, 2002 , 2003 ; Mistry et al., 2013 ; Murphy, 2012, 2013 ; O' Connell, Meaney, and O' Donoghue, 2016 ; O' Leary & Thorwick, 2006 ; Reilly-Smorawski, Armstrong, & Catlin, 2002 ; Rowa-Dewar, 2002 ; Säflund & Wredling, 2006 ; Turton et al., 2009). Throughout these studies the quality of care received from staff is highlighted as being of utmost importance. For example, in their study of parents' experiences of stillbirth in a tertiary referral centre at Cork University Maternity Clinic, O'Connell et al (2016) found that kindness and sensitivity of staff was the highest rated factor impacting on the quality of experience (100% of interviewees agreed). Furthermore, and in line with other studies, they found that, "parents highly valued photos, videos, locks of hair, hand and foot prints and certificates of blessing from whichever faith they practiced" (2016, 4). This aligns with Gold et al's (2007) review of parent experiences of care after perinatal death in over 1100 articles, where it was found taking photographs of the deceased infant as part of bereavement care was associated with high parent satisfaction. More recently, the ESRC-funded 'Death before Birth' project undertook an interview study to examine experiences of pregnancy loss in the UK, highlighting the importance of bereavement care that provided acknowledgement and validation of the loss (Fuller et al 2018; Littlemore & Turner 2019a, 2019b).

Despite these findings, post-mortem memento photography's long history and its broad application in bereavement care practice, little scholarly analysis has been carried out on the use of photography within care. A few examples of substantive studies do exist including Blood and Cacciatore's (2014) *Best practice in bereavement photography after perinatal death: qualitative analysis with 104 parents*, Margaret Godel's (2007) *Images of Stillbirth: Memory, mourning and memorial*, Ives-Baine and Martel's (2014) *"Most prized possessions": Photography as living relationships within the end-of-life care of newborns*[1] and Ramirez et al's (2019) *Professional bereavement photography in the setting of perinatal loss: A qualitative analysis*[2].

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[1] The data in Ives-Baine and Martel's study was also published in a later another article (Martel 2017), see bibliography for details.

[2] Other literature of a more anecdotal nature includes: Alexander's (2001) *"The One Thing You Can Never Take Away": Perinatal bereavement photographs*; Meredith's (2000) *The photography of neonatal bereavement at Wythenshawe* Hospital; and Primeau and Recht's (1993) *Professional Bereavement Photographs: One aspect of a perinatal bereavement program*.

Three of the studies use interviews to engage with stakeholders, focusing primarily on the bereaved. Their findings offer coherent evidence about how stillbirth memento photographs are perceived. Blood and Cacciatore (2014) offer substantial and useful qualitative data analysis of 104 parents' experiences of stillbirth memento photography and demonstrate its value as an element of care. Their analysis highlights the role of parents in the photographic activity, the desire to have family included in photographs and the importance of good photography: "Parents notice the quality of pictures. Seven parents mentioned blurred focus or poor lighting. Two parents appreciated the 'tasteful' nature of photos taken" (2014, 5). Ives-Baine and Martel's (2014) phenomenological analysis of interviews with ten bereaved parents provides similar conclusions. The practice of stillbirth photography is shown to be of value and is framed as an intervention where embodied interactions are captured. In line with Blood and Cacciatore's study, they highlight the importance of the photographic action, arguing: "[…] what our findings highlight is how the photography itself as an embodied practice is valuable for families" (2014, 327). Ramirez et al's study sought to understand the role of memento photography in assisting the grieving process of parents who have lost a foetus or infant through semi-structured interviews with six bereaved parents, eight photographers, and nine healthcare professionals (2019). They describe five themes in the data, specifically: "validation of the experience, permission to share, creation of a permanent and tangible legacy, creation of positive memories, and moving forward after the loss" (2019, 3). As the authors note, the principle value of the study is that it provides further evidence for the conclusions found in earlier work. Throughout these studies there is significant emphasis on the site of production, where perceptions of how the intervention took place are examined. Participatory methods that invited the bereaved to be involved in the production of memento photographs are shown to be valued. There is also an emphasis on reception, with evidence collated about how the bereaved responded to the images. Throughout, how these findings relate to the aesthetic attributes of the imagery is not examined and remains abstracted with only the effects on the bereaved, such as validation of experience, described. The few visual qualities that are noted include the inclusion of family in the photographs and a preference for depictions where the contexts are not explicitly clinical.

Godel's (2007) analysis predates these studies and focused on the social role of the photographs in the production of identity and the creation of life narratives. Framed within online social media contexts, the article features some consideration of aesthetic style and visual tropes, but the principal interest is in digital dissemination. A key argument is that the photographs are used to manifest a social identity for the child and establish their position within the family:

> …stillbirth images, artefacts and the narratives associated with them reflect attempts to create memories and bonds with the stillborn baby, counteracting biographical disruption by incorporating the dead child as a family member and thereby constructing, reconstructing, reinforcing and continuing the biography of the family. Through these images and the narratives that surround them a biography is created from imagined, or wished-for, rather than lived, experience.
> (Godel 2007, 259)

Throughout this argument there is an emphasis on how photographs are used within social and familial contexts. Similarly, Sani, Dimanche and Bacque's (2019) qualitative study, titled Angels in the Clouds: Stillbirth and Virtual Cemeteries on 50 YouTube Videos, looked at the use of online video memorials for stillborn children. These are typically produced as a montage of photographs intercut with text and set to music that are published online. In their study they

analysed the procedure, 'to identify and evaluate the goals and needs that motivate parents to publish video memories of their children' (2019, 3). Like Godel, they discuss the social and disseminative aspects of the practice, with some, albeit limited, evaluation of the photographic imagery used. They identified typical narrative structure that focuses on before and after the bereavement and conclude, in line with Godel's and Ramirez et al's studies, that the practice facilitates memory creation, identity formation, remembrance and social sharing: 'It allows fixing an immortal memory of the child and of his or her existence as if the baby continued to stay in remembrance, announcing his or her death to the whole world' (2019, 17).

Whilst these studies represent useful contributions to the field, there has been little analysis of the photographs' visual or ontological attributes and instead the emphasis has been on the sites of production, reception and dissemination. Within visual scholarship, the photographic form has been described as distinctive due to its direct, indexical connection to the subject depicted (its ontological status) and its apparent resemblance to vision (the photo-aesthetic) (Barthes 1981; Bazin 1960). In the case of stillbirth photographs this has the effect that, much like a footprint taken of a stillborn baby as a memento, the photograph is counterfactually linked to the child. However, the photograph presents additional information in its representation, including how the baby looked, who else was there and chose to be on camera, and how they reacted. It also shows where the scene took place and provides a point of view. These vital details are yet to be examined in stillbirth memento photography. Beyond this, responses to photographic imagery have been shown to be culturally and socially dependant and are informed by knowledge of image conventions (Wartofsky 1979; Gibson 2014; Deregowski 1972; Gregory 1966; Savedoff 2000). These arguments are widely accepted, but their reasoning has yet to be applied in the analysis of stillbirth memento photography, with no study to date analysing whether specific image conventions are being used. Given parents have been shown to make value distinctions based on the aesthetic properties of the memento photographs, this seems a valuable, under-researched area that warrants study. We have endeavoured to do this here.

2. Approach

Postmortem memento photography after perinatal death has not received significant attention from researchers in the field of visual studies. Its specificity goes some way to explain this, but stillbirth's status as both trauma and social taboo are also factors. For researchers in visual studies the application of discursive methodologies typically reserved for cultural outputs, in this context, risks appearing to intellectualize, or worse still, trivialize, the subject, and, in so doing, distress and offend those personally affected. This has been of paramount concern in the undertaking of this study and, as a result, the methodology has been shaped to best accommodate ethical concerns whilst generating meaningful results.

The focus of the study is on the imagery produced by professional photographers for the bereaved following the death of their baby through stillbirth. The study seeks to measure and evaluate the content of these photographs. Primary data has been drawn from publicly available photographs that were published on websites and social media. Imagery has been collated from a range of sources to ensure the sample is representative and not the product of one photographer or of a specific charity's guidelines (such as Remember My Baby). Imagery has only been used where explicit consent for publication was listed. The imagery is not reproduced here and has been anonymised, but is available to access via hyperlinks in the results database.

It should be noted that whilst all the babies depicted in the images are stillbirths, definitions differ regionally. Images were sourced from both UK and US contexts. In the UK, a stillbirth is defined as the loss of a baby after 24 completed weeks of gestation[3], while in the US a stillbirth is the loss of a baby after 20 weeks of gestation[4]. Endeavours were made to ascertain the precise gestational age of all the babies, but it was not possible in certain cases without significant personal intrusion. It should be noted, however, that throughout the sampled imagery the size and maturity of the subjects depicted is indicative of full-term or close to full-term births.

51 images have been sourced and analysed for content. The categories for coding measure aesthetic attributes and semantic content. Godel (2007), Ives-Baine and Martel's (2014) and Blood and Cacciatore's (2014) studies highlight the constructive function of stillbirth memento photographs and their role in social identity and life narrative development following perinatal loss. Correspondingly, the semantic analysis of this study seeks to measure who was included in the photographs, in terms of their relationship to the baby, and how they engage with one another (and the camera) as expressed through position, gesture, proximity and gaze. This coding is designed to identify inferred social relationships, as measured through the frequency and correlation of visual markers and motifs associated with familial and social identity. The categories align and extend beyond best practice literature, in particular the Institute of Medical Illustrators (2018) guidelines on styles and views in stillbirth photography.

Aesthetic attributes to be measured have been categorised according to visual qualities specific to photography. These have been derived from Shore's visual grammar of photography, where the aesthetic attributes of the photograph are described as being "flatness, frame, time and focus" (2007, 38). For the purposes of this study, these relate to what is included or excluded from the image, point of view, how closely the main subject is cropped, image format, exposure length, the application of blur and sharpness within the image as a result of depth of field and colour saturation. The delineation of aesthetic attributes and semantic content is, on occasion, arbitrary and there is inevitably cross over; the background, for example, is an aesthetic property of the photograph, but is also rich with semantic information. As a result, the coding used reflects some rationalisation of aesthetic and semantic criteria.

Methodologies that rely on quantifying imagery in this manner have faced criticism for fragmenting content without considering compositional micro/macro interrelationships or the wider context (Rose 2001). Thus, once trends in the data have been identified the imagery will then be considered in sub-groupings and analysed through discourse analysis, semiology and compositional interpretation. It will also be considered in reference to other studies and against existing qualitative data. To ensure the study engages with the ontological attributes of the photographs the results will be framed within theoretical frameworks drawn from visual studies scholarship.

The emphasis of this study is principally on the site of the image. Variation in how stillbirth memento photographs are produced, however, has the capacity to profoundly alter how the imagery is perceived by the bereaved. Practices vary significantly internationally with stillbirth memento photography conducted following highly varied procedures. A participatory approach to image creation where the bereaved work with an experienced professional, often described as best-practice, offers a different experience to scenarios where a healthcare worker

photographs the baby separately and independently. To maintain the study's central emphasis on image content, photographs were only sampled where there was clear evidence they had been produced following a consistent procedure where a professional photographer external to the healthcare organisation had been given consent by the bereaved to produce a set of memento photographs.[5] The audience for the memento photographs was assumed to be the bereaved parents first, and then the wider social grouping with which imagery was shared.

3. Results

51 images were analysed for aesthetic attributes and semantic content. The criteria against which aesthetic attributes were measured were: (1) *image colour*, (2) *image format*, (3) *depth of field* and (4) *point of view*. Semantic content was subdivided into: (1) *subjects shown*, (2) their *combinations*, (3) *subject action*, (4) *engagement with the camera*, (5) *baby clothes and possessive objects* shown, (6) depicted *background context* and (7) the *depiction of the baby*. The analysis principally considered information in the images, but contextual data, such as captions, was used to determine subject relationships. This was critical for accurate analysis of familial identity, particularly of the parents[6].

The provenance of imagery was similarly determined through contextual information, but the exact details of their production was difficult to ascertain, particularly given the desire to avoid unnecessary personal intrusion. It is highly likely, however, that the photographs sampled are the result of two editorial processes which are likely to have promoted certain qualities within the imagery. All images sampled were produced by professional photographers. Typical practice for trained photographers is to take many more photographs than is required and then edit down to a select group that are technically successful in terms of focus, exposure and framing and that communicate the desired information for the context in which they are employed. Secondly, the images have also been selected or approved by the bereaved for open publication. These two factors mean the imagery is most likely skewed towards, firstly, industrial norms within professional photography, and secondly, towards those attributes that motivated the bereaved to allow the imagery to be published. Neither of these factors was deemed to undermine the validity of the study but must be considered when examining the results. Correspondingly, the imagery was conventional within traditions of Western photography, with a photorealistic aesthetic featuring a discernible subject depicted towards the centre of the composition.

The three most explicit trends in the data were, firstly, that every photograph included the baby. There were no depictions of, for example, the mother or of symbolically significant artefacts – such as baby clothing – without the baby also being present. Secondly, almost every photograph was black and white, with only one exception out of the 51 images. Similarly, there was only one photograph where the subjects depicted look directly at the camera. All other images show the subject's looking at the baby or with their eyes closed or have the subject's eyes outside of the image crop. Very few images were in explicitly clinical contexts (7%), with the majority having
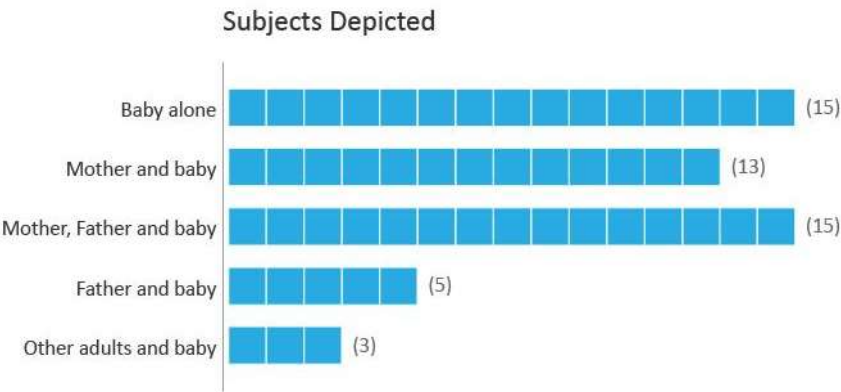
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[5] Further studies into stillbirth memento photography procedures are needed urgently. They were necessarily beyond the scope of this study, but are important and currently under-researched.
[6] It should be noted that where couples were featured in our sample, these were exclusively heterosexual. We therefore refer to 'mothers' and 'fathers' in this study, but recognise that not all stillbirths will take place in the context of a heterosexual relationship.
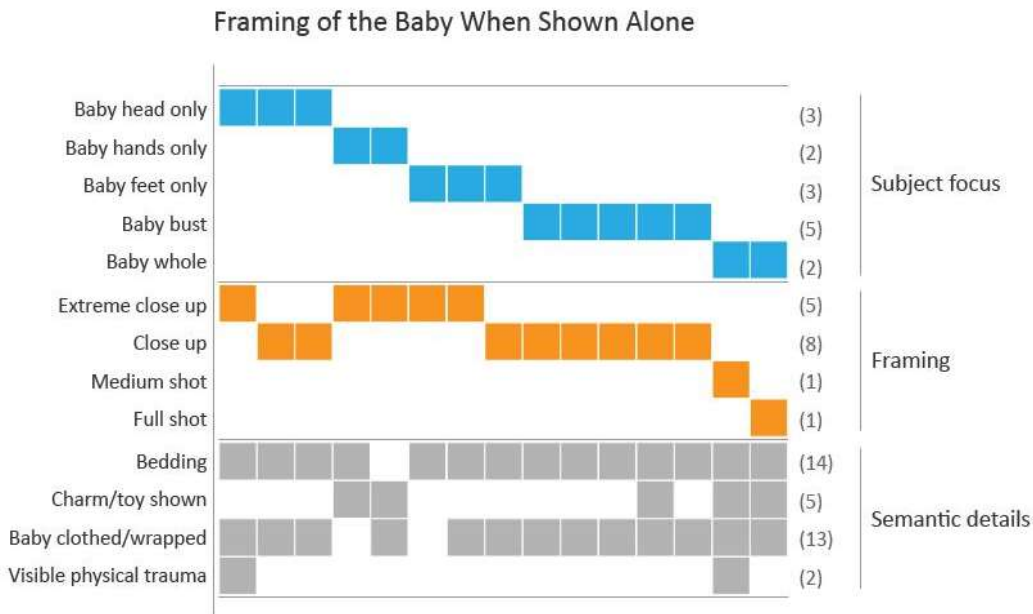
neutral, neutral bedding, dark or out of focus backgrounds (73%). The baby was almost always dressed or wrapped, only appearing unclothed in 2 images (4%).

The majority of images were landscape format (63%), with 17 portrait (33%) and 2 square (4%). Most of the photographs framed the subject closely with 40 of the 51 images (78%) depicting subjects from waist-up or closer. 19 (37%) of the photographs had the subject framed in close-up or extreme close-up.

Subjects Depicted

Baby alone	(15)
Mother and baby	(13)
Mother, Father and baby	(15)
Father and baby	(5)
Other adults and baby	(3)

**Fig.1 Subjects Depicted Together in Photographs by Grouping**

The subject combinations depicted aligned to three major groupings: The baby alone (29%); mother, father and baby (29%); and mother and baby (25%); with father and baby a smaller additional grouping (10%, fig.1). These groupings shared other attributes elsewhere in the data.

Framing of the Baby When Shown Alone

|		
Baby head only	(3)	Subject focus
Baby hands only	(2)	
Baby feet only	(3)	
Baby bust	(5)	
Baby whole	(2)	
Extreme close up	(5)	Framing
Close up	(8)	
Medium shot	(1)	
Full shot	(1)	
Bedding	(14)	Semantic details
Charm/toy shown	(5)	
Baby clothed/wrapped	(13)	
Visible physical trauma	(2)	

Fig.2 Framing and Semantic Details of Baby Where Baby is Shown Alone

Where the baby was shown alone, it was typically depicted in close-up (73%), with a shallow depth of field (66%), the baby was almost always lying down (93%) and depicted on bedding (93%). A significant number depicted the baby in macro images where the baby's head, hands or feet were focused on exclusively (47%) (fig.2).

Where mother, father and baby were depicted the parents were usually looking at the baby (67%). The rest either had their eyes closed (13%) or did not have their eyes in shot (20%). Mother and father were normally depicted touching (73%) with 27% holding hands and 33% with an arm around the other. The baby was typically cradled by one of the parents (67% of images), of which 70% were held by the mother and 30% by the father (fig.3).
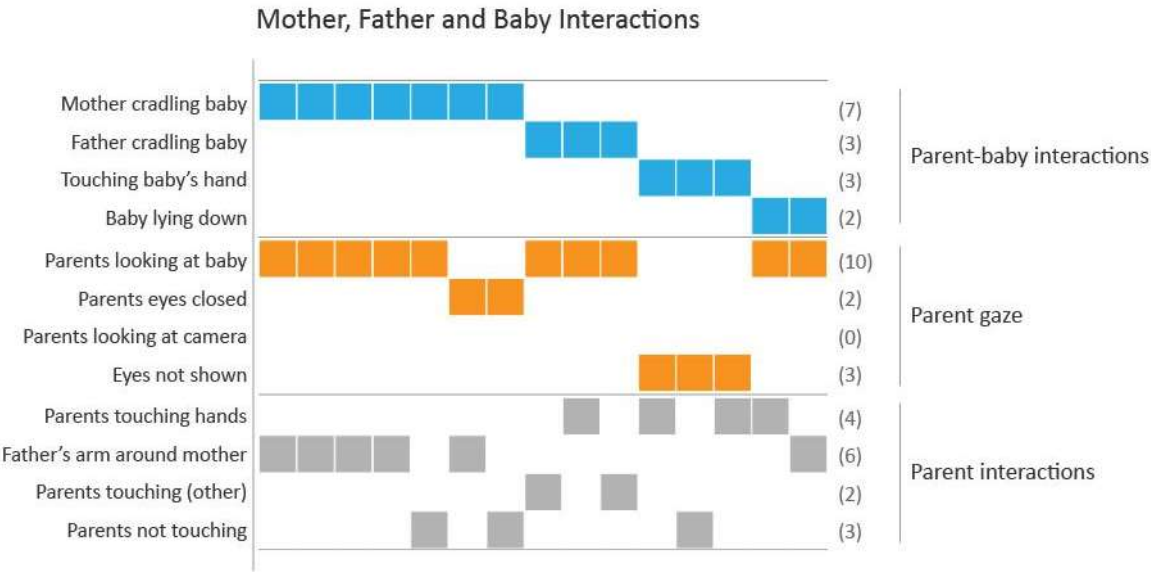

Fig.3 Mother, Father and Baby Interactions in Photographs Where Baby and Both Parents are Depicted

Incidence of Baby Cradling
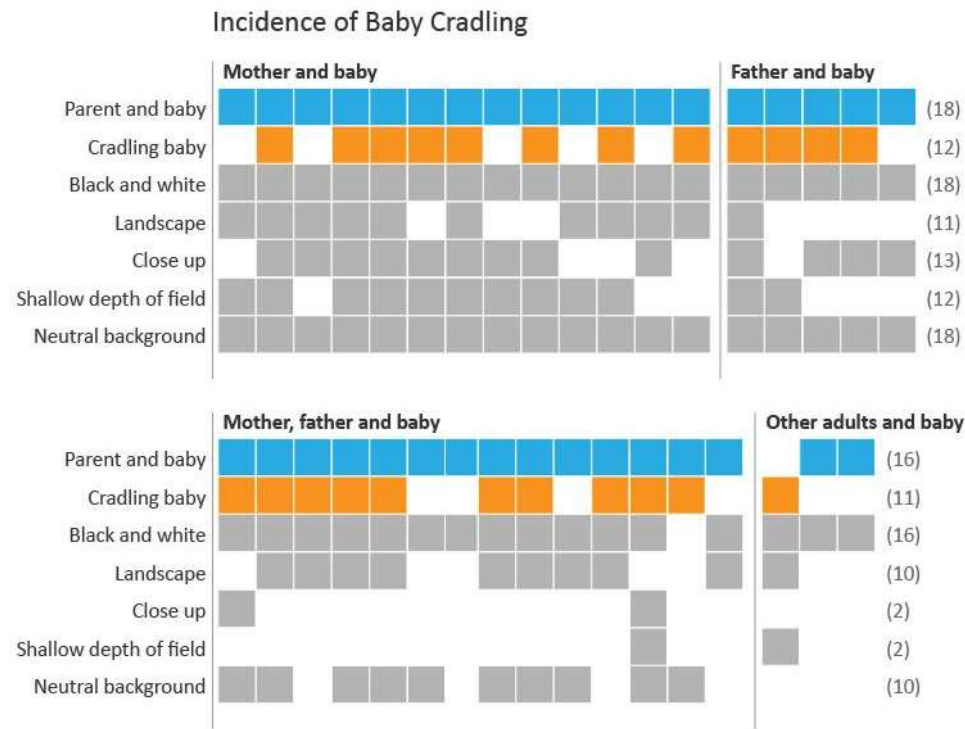
Fig.4 Incidence of Baby Cradling in Photographs Where Baby and Adults are Depicted

Of the photographs that depicted mother and baby, the majority were close-ups (69%). Most of these images showed the mother cradling the baby (62% of mother and baby images). These images were typically framed with the mother shown from top of elbow to top of head; 88% of the images where the mother was shown cradling the baby were depicted this way. Similarly, the group of images that depicted father and baby shared semantic attributes with mother cradling baby images, with the baby cradled by the father in 80% of father and baby images. One further image, of a non-parental adult cradling the baby, was also present in the sample. Cradling was a commonly represented activity, with an adult depicted cradling the baby in 43% of overall sampled photographs (fig.4).

A substantial minority of mother and baby images (38%) used macro photography, in a manner similar to the subset of baby alone imagery that focused on close-ups of the child's head, hands or feet. In mother and baby macro photography they were always shown touching. Across the full data set, 22% of images were close-up depictions of the baby's head, hands or feet (fig.5).
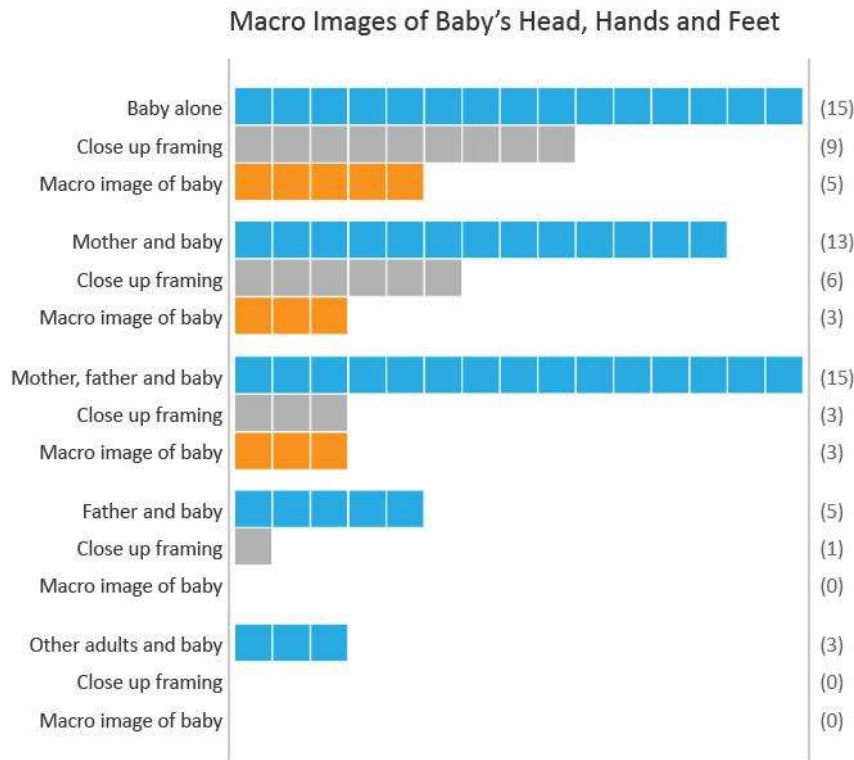
Fig. 5 Incidence of Close Ups and Extreme Close Ups Across All Images

The results indicate that four distinctive image tropes dominate the sample, where multiple aesthetic qualities and semantic properties overlap. These are:

- Images of mother, father and baby, with the baby being held and the parents touching. The parents are usually looking at the baby;

- Macro photography of the baby that focuses on face, hands or feet, with a shallow depth of field and a neutral context, often on bedding;

- Portrait photographs of babies lying alone, wearing clothes and wrapped on neutral bedding, with their face as the point of focus, with little or no physical trauma evident.

- Images of a parent, usually the mother, cradling the baby, depicted in loose close-up.

4. Discussion

In the following section the results will be interpreted and considered in relation to other studies and put into theoretical context. In so doing, we draw on findings from published literature, including insights from the recent Death before Birth Project in which Author 2 was involved (www.deathbeforebirthproject.org). The *Death before Birth* project (hereafter 'DBB') was an ESRC-funded[7] project which ran from 2016-2018, based at the Universities of Birmingham and

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Bristol, UK. It aimed in part to investigate the experiences of pregnancy loss through interviews with bereaved parents, with a particular focus on the decisions bereaved families made regarding what happened to their baby after birth. The interpretations of our findings, given below, are supported by references to published work arising from this project, and by quotes from the interviews undertaken.

4.1 Stylistic Attributes

There were a number of stylistic attributes common throughout the imagery. The photography was almost exclusively black and white, always featured the baby and was produced to a high technical standard. The subjects were almost never depicted looking at the camera and were rarely shown in explicitly clinical contexts. In many respects, the sampled imagery does not therefore align to the traditional photographic conventions associated with social or family photographs, as might have been expected. Vernacular, or snapshot, photography, is typically characterised by subjects looking into the camera whilst undertaking routine social activities, often in familiar contexts, and is depicted in colour and with low production standards (Chalfen 1987; 2002). Family photography, described by Rose as a practice, is associated with specific social procedures both in its production and dissemination (Rose 2010). Imagery is normally taken by a family member at a social event, and – much like vernacular photography – typically shows subjects looking at the camera and is depicted in colour. Overly aesthetic approaches to image making are avoided, with an emphasis on the performativity of the photographic action and on the content shown. Subjects are almost exclusively depicted as being happy. The sampled imagery, by contrast, mostly avoids having subjects look at the camera, uses macro imagery, is black and white and produced to a high technical standard.

The visual tropes utilised across the image sample align to various other traditions. These distinctive aesthetic choices distinguish stillbirth memento photographs from other, more routine photographic practices. Alongside this, the high production values appear to suggest value and craftsmanship, indicating that the images are of worth. It is unusual to photograph trauma, and examples where trauma is shown are typically drawn from sites of conflict or disaster where it is deemed in the public interest to document suffering, as in photo journalism. The sampled imagery shares attributes with these documentary practices, particularly those that relate to humanitarian crises, most obviously in its monochromatic treatment. The trauma of catastrophic events has been described as resisting direct representation, with imagery often functioning through a metonymic relationship to the subject, expressed in representations of the aftermath and in quasi-metaphorical imagery (Ulrich 2002). There is often also an emphasis on empathy, with visual motifs being used to elicit compassion. These aesthetic attributes are apparent in the sample. A large proportion of the imagery shows the subject in close-up. As Bleiker notes, various studies (Jenni and Loewenstein 1997; Kogut and Ritov 2005) have shown that 'close up portraits are the type of images most likely to evoke compassion in viewers' (2018, 399). Similarly, imagery of mothers cradling babies, a distinct trope in the image set, has been shown to provoke empathetic responses (Wright 2002; Holland 2004). Throughout the image set, subjects are depicted expressing relationships through explicit gestures such as the mother, father and baby holding hands and the mother kissing her baby's head, as well as cradling. Background contexts are typically depicted neutrally, as blank bedding or white walls, with few semantic details shown. Imagery is tightly framed. These decisions minimise contextual information in the "surround" and result in the photograph's tie to a specific time and place being diminished (Elkins 2011; Flint 2015). Instead, the photographs emphasise abstracted

expression through gesture and symbolism. Unlike humanitarian imagery, the stillbirth memento photographs rarely show subjects in distress. An aesthetic has been adopted that uses motifs known to elicit compassion in documentary practices, but, unlike reportage, little emphasis is placed on storytelling. Thus, the stillbirth memento imagery analysed appears to work at the intersection of family photography, through the expression of familial relationships, and humanitarian reportage, in its adoption of affecting, compassionate visual motifs.

In the following section, we explore the potential reasoning behind these stylistic choices, and the effects these may have on the viewer's reception of the image.

4.2 *Acknowledgement and Validation*

The baby being present in every image would seem to suggest the baby's prioritisation as the central focus of the intervention. This is unsurprising given the context, but does warrant further analysis. Whilst stillbirth memento photography, as an intervention, offers many potential benefits – a scripted behaviour for the bereaved in an uncertain time, bonding with the baby, the creation of memories, asserting familial identity – the photographic outputs function principally as mementos. Various artefacts have been identified as being useful to bereaved parents after the loss of a child in this manner. Their utility stems from their ability to provide clear, tangible evidence that the baby existed. These artefacts typically include handprints and footprints, locks of hair and photographs. A common quality across all of these is an indexical relationship to the baby. That is to say, the artefacts are representations that could not exist had the child not existed and are therefore proof of their reality: a lock of hair was a literal part of the person; hand and foot prints are a 'trace' that attests to their reality *counterfactually*, with their sculptural imprint recorded in material form. Photographs are similar and are typically perceived as indexical because, for the image to exist, the subject had to be present in front of the camera. Like a physical imprint, the camera is directly tied to the subject through a mechanical process, such that photographs are considered socially and legally evidentiary (Barthes 1981; Green and Lowry 2003; Newall 2011). This then perhaps explains why the baby is present in every image sampled; the photographs are principally creating tangible, evidential links to the baby.

The recurrent use of macro photography, seen in the sample, that focused upon the baby's hands, feet and face, is unconventional within family photography traditions, being unusually "artful" (Rose 2010, 18). It would, however, seem to be offering explicit evidence that the baby was akin to any other newborn baby, addressing known concerns of bereaved parents. Beliefs about ensoulment in fetal development have a long and divisive theological history and there is no scientific consensus on when personhood is attained, but notions of completion at birth are widely held (Dasen 2013, 19; Gilbert 2008). Very few macro photographs from the sample showed evidence of physical trauma to the baby and their context was almost always wrapped or dressed and lying on bedding. By including these personal details, the photographs are not only evidence of the baby's physical presence, but points to their completeness – that personhood was attained – and to their humanity, as a baby of equal status to other children. The practice of photography thus imbues the deceased child with a public identity, providing validation and a sense that s/he was *here*. While the child's physical presence was brief, its capture in a photograph lends it permanence. This validation is of utmost importance for the bereaved, as shown in the extracts from the DBB interview data below.

> We want him to be a person… and that he was alive and that there he was and he has a place. […] I've had pictures framed… I haven't gone crazy. Just so he – so that people know he is part, you know, [a] member of our family.
> [WP4-T30-S-9]

> We cling to that [scan] picture, because it's the only thing really that made it real.
> [WP4-T24-M-11]

The direction of the parents' gaze, in the photographs in which they are featured, is also significant in acknowledging and validating the baby's presence within the image. The absence of eye contact with the camera throughout all but one image in the sample is a distinctive point of difference from conventional family photography. The role of the photographic gaze has been much discussed in visual studies, and has associations with voyeurism, hierarchies of power, gender representation and othering (Mulvey 1989, Foucault 1977, Lacan 1998, Bhabha 1984). Such theories are most usefully understood in context, but they do highlight the gaze's significance in photographic practices, in terms of the camera's effect on its subjects and the subject's responding gaze. It is therefore notable that where vernacular and family photographic practices routinely see subjects looking into the camera – returning the gaze – in the sampled imagery this is almost exclusively avoided. Where the subject's eyes are visible, their gaze is typically directed at the baby. This action seemingly moves attention on from the subject to the child and, in so doing, suggests something of their relationship. The baby is given primary importance in the image, drawing the viewer's gaze to the child and requiring an acknowledgement of his/her presence. At the same time, the direction of the parents' gaze demonstrates a level of intimacy and affection which is likely to provoke empathy in the viewer.

It has been argued that subjects gazing into the camera whilst smiling can act to mollify the otherwise voyeuristic effects of the camera through a tacit acknowledgment of the intrusion and visible acquiescence (Lutz and Collins 1991). For Rose (2010), this action is a procedural aspect of family photography, where photographer and subject actively engage, marking the moment through the performance. Haldrup and Larson (2003) describe this as the "family gaze", an outward expression of intimate social worlds. Such an action, in the context of stillbirth memento photography, is understandably inappropriate – this is a time of grief and trauma – and it follows that subjects are rarely shown engaging with the camera and smiling. It is notable that whilst family events are often photographed, personal trauma and loss are rarely depicted, despite funerary practices being a widespread aspect of familial narratives. In the case of stillbirth memento photography, multiple social taboos are simultaneously at work: not only the photographing of personal family trauma, but also the stigma of stillbirth and the intrusion of the professional photographer into an intimate context. In this context a gaze into the camera would highlight the photographic act and, in doing so, rather than mollify the voyeuristic effects of the camera, it would act to heighten the already uneasy sense of intrusion.

4.3 Identity Construction

Many bereaved mothers and fathers are uncertain of their child's status following perinatal death. Systemically, healthcare professionals typically treat the unborn embryo as only a *potential* human (Boudon-Millot 2008, 94) and stillborn babies have had contested and inconsistent legal status (Jutel 2006). This uncertainty can be a source of tension for the parents, for whom having their parental identities validated is important. Memento photography, by

affirming that a baby was born, correspondingly promotes a view of the bereaved as 'parents' and provides an opportunity for parents to enact these identities. This is demonstrated through the frequency of images showing bereaved parents holding or cuddling their child. Having this identity acknowledged and accepted is valued by bereaved parents, as seen in the excerpts from DBB project interviews below:

> We've got photos. A lot of us have got photos of a baby that died. I've got one on my phone of me and baby… and it's happy. Yeah. You're proud. <u>You're still a proud mum.</u>
> [WP3-T7]

> She was cremated. We wrote her a letter… we just told her how much we loved her and, you know, how special she was to us. How happy she made us and how strong she'd made us… <u>thanking her really. For the fact that she made us parents and made us a family.</u> And that we would always love her and <u>she would, you know, always be our little girl</u>.
> [WP4-T29-S-8]

In this way, stillbirth memento photographs function as family photographs that provide evidence of familial relations and a social identity (Chalfen 2002). However, the status of these images as family photography is contentious, as stillbirth memento photographs work at an uneasy intersection where they are thematically and functionally family photography whilst depicting a scenario that exists outside idealised family narratives. As noted, in the sample there is a very high incidence of family and maternal symbolism, expressed through tactile interactions, proximity, gazes and gestures. In line with Rose (2010) and Hirsch (1997), Kroes and Pease, in *Photographic Memories*, describe a function of family photographs where they act as a shared point of understanding in life narratives, working as a means of 'connecting us to other people's inner images' (2007, 2). Sandbye (2014) argues that the family photo album acts as a means of presenting a narrative of family events reflexively back to its maker and affords them the opportunity to share and stabilise that narrative socially. In this manner, the production of stillbirth memento photography that features explicitly family-oriented imagery – as seen in the sample – have the potential to orient the bereaved's disparate "inner images" of the stillbirth around a shared family narrative, with stable points of reference and distinct familial identities. Stylistically, however, the imagery is clearly differentiated from traditional family photography through the use of monochromatic imagery and a lack of engagement with the camera.

4.4 Ambiguity

Many of the images sampled feature parents holding their child. Encouraging parents to do this is generally viewed as best practice in bereavement care, facilitating the production of 'continuing bonds'. The photographs produced in this context are often ambiguous. In the case of Richard and Emily Staley in 2014, when images of their stillborn daughter, Monroe Faith, were published online, they received a number of critical responses where the images were misunderstood to be depicting a living baby. As Nicky Heppenstall, co-founder of the stillbirth photography charity Remember My Baby, notes: "A lot of the time, babies look just like they're sleeping" (Peck 2015). The capacity of photographs to create uncertain representations is well documented in photography scholarship and practice. Whilst in arts-related practices this uncertainty is usually deployed for reflexive effect, the purpose here is different. Heppenstall indicates the desire is to diminish the visual articulation of physical degradation:

> Sometimes the only clue is that the lips are dark, and there will be blush on the nails –
> we will lighten those in post-processing, to make it less obvious.
>
> […] we can do sensitive editing and retouching, to not change the way the baby looks,
> but to soften the impact of the images.

Very few of the sampled photographs depicted the baby in a manner that indicated trauma and the baby was often shown being nursed by the parents. The monochromatic treatment, absent eye contact, framing and solemnity of the subjects shown differentiates the sampled images from other birth imagery, but the depiction of the baby is often ambiguous and could, without context, be interpreted as sleeping. It appears that, for the bereaved, rendering the photograph this way results in images that are simultaneously evidential of the stillbirth whilst also facilitating a reading where the child can be imagined as alive. The images are not misleading, rather they are carefully crafted such that they can be used as a locus for developing the baby's identity without inhibition.

The practice of stillbirth memento photography could therefore be considered to facilitate the grief process by helping bereaved families to reconcile a tension inherent in the experience of stillbirth. As Cacciatore et al. (2008, 242) explain, pregnancy loss can be described as an 'ambiguous loss', where the baby's physical absence clashes with its 'psychological presence'. Bereaved families mourn a life not yet lived; there are no memories of a child living independently, only the hoped-for futures that often remain very personal to the parents and those closest to them. The experience of stillbirth can thus be said to involve a conflict between two incompatible 'realities'; one external reality in which the baby has not survived, one internal in which the hopes and expectations of the life with the child still endure (Littlemore & Turner 2019a). Many parents express this incompatibility through describing decisions motivated by a belief that, on some level, the baby was still 'alive'.

> I said I want him to go outside, I want him to see stars, and my husband went, 'oh right,
> okay' and he picked him up and he walked him outside the fire exit and stood outside
> with him for a couple of minutes [WP4-T28-S-7]
>
> She's buried with my dad. I didn't want her to be on her own so she's with my dad in
> [PLACE] cemetery… I remember thinking oh poor dad [laughs] he's had peace for
> seventeen years and uh, it's like, sorry you're gonna have to look after this little girl. I
> was glad he was there with her really. [WP4-T29-S-8]
>
> We were going to scatter his ashes on his due date but I don't feel ready to let him go. I
> just like knowing he's in the house… I just like knowing he's at home.
> [WP4-T20-M-10]

Resolving this conflict has been shown to play a key role in the grief process. Parkes (1996, 200) calls this resolution the 'psychosocial transition' component of bereavement, referring to a bereaved individual's 'sense of dislocation between the world that is and the world that should be', followed by a move 'towards acceptance and the adoption of a new model of the world'. Following pregnancy loss, attempts to resolve the conflict seem to begin very soon after the loss, with parents engaging in actions which they would have undertaken if the baby had been born alive. The features demonstrated in the photographs seem to form part of this, by facilitating

and supporting a view of the baby as being, on some level, 'alive'. For example, the majority of the images depict the parents holding, cuddling or looking at the baby, reminiscent of photography following live birth.

Such ambiguity also facilitates an interpretation of the bereaved in the roles of "mother" and "father" with clear relationships expressed through pose and action, in a way that avoids singularly fixating on the loss of the baby, and instead frames the child as a "newborn". The idealised birth ritual can be seen to have been observed, however painfully, marking the start of a new life and a new set of identities. By contrast, clinical images that – for example – show the child lying isolated in a sterile environment would act to inhibit alternative readings of an imagined life and instead point acutely towards loss.

4.5 Embodiment

Many photographs sampled depict the bereaved engaging in physical experiences with the baby, such as cuddling and holding. This finding seems to relate to accounts of pregnancy loss which describe the experience as being intensely embodied.

> it's not like losing a parent or, erm a - it's not like - I've lost grandparents and even friends that have died but it's NOT like that because it's part of you and he's a part of me. It's like I lost myself for a long, long time and then you have to try and rebuild yourself and your confidence and everything
> [WP4-T11-FA-3]
>
> I - I've still – I feel (.) part of me is missing.
> [WP4-T21-FA-9]
>
> We're all sort of left, like, with this emptiness inside of us which is very physical as well as emotional
> [WP4-T9-M-8]

This seems to have a significant effect on the way the bereaved see and experience themselves and their bodies following pregnancy loss. Bereaved mothers in particular may express feelings of separation from their bodies. This separation allows them to direct anger or betrayal at their bodies, as we see in the examples below (see also Littlemore & Turner 2019):

> My primary feeling, the first feeling was that my body had failed me totally
> [WP4-T7-M-6]
>
> There is a whole range of emotions from feeling really angry with my body and myself not knowing that it was happening and for my body for letting me down
> [WP4-T7-M-6]

Viewed in this context, the practice of stillbirth memento photography may constitute a means by which bereaved parents can begin reconciliation with the body. The photographs sampled depict physical elements of parenthood, allowing the bereaved to participate in these in the same way as they would have following a live birth. Not only does the photographic process enable parents to enact these practices, it also captures the moment at which they did so,

leaving a permanent, tangible record of these physical bonding practices. Thus, the photographs and the actions they depict represent a way for bereaved parents to begin to repair the relationship with their bodies through physical bonding, and bringing the baby back into close physical proximity.

5. Conclusion

In this study we have analysed the key stylistic attributes in a sample of stillbirth memento photographs produced by professional photographers. Four themes were identified in the imagery, specifically: images of mother, father and baby, with the baby being held and the parents touching; macro photography of the baby; portrait photographs of babies lying alone with little or no physical trauma evident; and images of a parent, usually the mother, cradling the baby. The baby was present in every image and was almost always shown in black and white. The bereaved were shown looking into the camera in only one image.

Our analysis highlighted the stylistic attributes of the images and noted that there was a complex interplay of visual tropes associated with vernacular family photography and professional depictions of trauma that utilised motifs known to elicit compassion. The photographs were shown to act as tangible and evidential links to the baby and, beyond this, to affirm the baby's identity. It was argued that the use of macro photography of the baby's hands, face and feet was being used to demonstrate the baby's completeness and that the repeated depiction of the bereaved looking at the baby worked to assert the child's personhood. Drawing additional evidence from the Death before Birth project, we suggested the sampled photographs facilitate the development of familial identities for the bereaved through the depiction of parental actions such as cradling. Integral to this was a representational ambiguity whereby the imagery simultaneously worked as an accurate record of the loss whilst also facilitating an imaginative construction of the baby's identity. In so doing, the imagery actively engaged with the "ambiguous loss" associated with stillbirth, and could be said to have a therapeutic effect. Finally, we suggested there is a connection between the intimate and tender physical actions depicted in the sampled imagery and the painful, embodied experiences mothers have described following stillbirth.

The visual attributes and content of stillbirth memento photographs had not been rigorously analysed and there has been a significant gap in understanding. This study responds to this need and contributes important new evidence and insights into the practice of stillbirth memento photography. Our conclusions align to existing scholarship but add detail and nuance. However, further work is needed to examine the role of memento photography in care following stillbirth. In particular, studies which explore individual attitudes towards different types of images would be beneficial in informing 'best practice' guidelines for this nature of work, such as the 2018 IMI National Bereavement Photography guidelines for neonates, stillbirths and children. Given the therapeutic potential of these images, further research in this area is vital.

Bibliography

Badenhorst, W., Riches, S., Turton, P., & Hughes, P. (2006). The psychological effects of stillbirth and neonatal death on fathers: Systematic review. *Journal of Psychosomatic Obstetrics & Gynecology*, *27*(4), 245-256.

Badenhorst, W., & Hughes, P. (2007). Psychological aspects of perinatal loss. *Best Practice & Research Clinical Obstetrics & Gynaecology*, *21*(2), 249-259.

Barthes, R., (1981). *Camera Lucida: Reflections on photography*. London: Macmillan.

Bazin, A., (1960). The Ontology of the Photographic Image, trans. Hugh Gray. *Film Quarterly 13*(4), 4-9.

Bhabha, H., (1984). Of Mimicry and Man: The ambivalence of colonial discourse. *October 28*, 125-133.

Bleiker, R. ed., (2018). *Visual Global Politics*. London: Routledge.

Blood, C. and Cacciatore, J., (2014). Best practice in bereavement photography after perinatal death: Qualitative analysis with 104 parents. *BMC Psychology*, 2(1), 15.

Boudon-Millot, V., (2008). La naissance de la vie dans la théorie médicale et philosophique de Galien. In Brisson et al (Eds.) *L'embryon: Formation et animation. Antquité grecque et latine, traditions hébraïque, chétienne et islamique* (pp.79-94). Paris: Vrin.

Bowlby, J., (1979). On knowing what you are not supposed to know and feeling what you are not supposed to feel. *The Canadian Journal of Psychiatry*, 24(5), 403-408.

Boyle, F. M., Vance, J. C., Najman, J. M., & Thearle, M. J. (1996). The mental health impact of stillbirth, neonatal death or SIDS: prevalence and patterns of distress among mothers. *Social science & medicine*, *43*(8), 1273-1282.

Brier, N. (2008). Grief following miscarriage: a comprehensive review of the literature. *Journal of Women's Health*, *17*(3), 451-464.

Brierley-Jones, L., Crawley, R., Lomax, S., & Ayers, S. (2015). Stillbirth and stigma: the spoiling and repair of multiple social identities. *OMEGA-Journal of death and dying*, *70*(2), 143-168.

Burns, S. and Burns, E.A., (2002). *Sleeping Beauty II: Grief, Bereavement and the Family in Memorial Photography American and European Tradition*. New York: Burn Archive Press.

Cacciatore, J., DeFrain, J., & Jones, K.L.C. (2008). When a Baby Dies: Ambiguity and Stillbirth. *Marriage & Family Review 44*(4), 439-454.

Cacciatore, J., (2013). Psychological Effects of Stillbirth. *Seminars in Fetal and Neonatal Medicine 18*(2), 76-82.

Calhoun, L. K. (1994). Parents' perceptions of nursing support following neonatal loss. *Journal of Perinatal Neonatal Nursing*, 8, 57-66.

Callister, L.C., (2006). Perinatal loss: A family perspective. *The Journal of Perinatal & Neonatal Nursing*, *20*(3), 227-234.

Chalfen, R., (1987). *Snapshot Versions of Life*. Wisconsin: University of Wisconsin Press.

Chalfen, R., (2002). Snapshots "r" us: The evidentiary problematic of home media. *Visual Studies, 17*(2), 141-149.

Chambers, H.M., Chan, F.Y. and Flenady, V., (1998). Support for women/families after perinatal death. *Cochrane Database of Systematic Reviews*, (2).

Dasen, V., (2013). Becoming Human: From the embryo to the newborn child. Grubbs, J. and Parkin, T. (Eds.) In *The Oxford Handbook of Childhood and Education in the Classical World* (pp.17-39). Oxford: Oxford University Press.

Deregowski, J.B., (1972). Pictorial Perception and Culture. *Scientific American*.

Elkins (2011). *What Photography Is*. London: Routledge.

Erlandsson, K., Warland, J., Cacciatore, J. and Rådestad, I., (2013). Seeing and holding a stillborn baby: Mothers' feelings in relation to how their babies were presented to them after birth—Findings from an online questionnaire. *Midwifery, 29*(3), 246-250.

Flint, K., (2015). Surround, Background, and the Overlooked. *Victorian Studies, 57*(3), 449-461.

Foucault, M., (1977). *Discipline and Punish: The birth of the prison.* (trans. Alan Sheridan). New York: Vintage.

Frøen, J. F., Cacciatore, J., McClure, E. M., Kuti, O., Jokhio, A. H., Islam, M., ... & Lancet's Stillbirths Series Steering Committee. (2011). Stillbirths: why they matter. *The Lancet*, *377*(9774), 1353-1366.

Fuller, D., McGuinness, S., Littlemore, J., Kuberska, K., Turner, S., Austin, L., & Burgess, M. (2018). *Preliminary project findings for meeting with representatives of the Department of Health and Social Care*. Available from https://deathbeforebirthproject.org/research/

Gibson, J.J., 2014. *The Ecological Approach to Visual Perception: Classic Edition*. Hove: Psychology Press.

Gilbert, S.F., (2008). When "personhood" begins in the embryo: Avoiding a syllabus of errors. Birth Defects Research Part C: Embryo Today*: Reviews, 84*(2), 164-173.

Godel, M., (2007). Images of stillbirth: Memory, mourning, and memorial. *Visual Studies*, *22*(3), 253–269.

Gold K. (2007) Navigating care after a baby dies: A systematic review of parent experiences with health providers. *Journal of Perinatology 27*, 230–237.

Gold, K.J., Dalton, V.K. and Schwenk, T.L., (2007). Hospital care for parents after perinatal death. *Obstetrics & Gynecology, 109*(5), 1156-1166.

Green, D., & J. Lowry. (2003). From Presence to the Performative: Rethinking Photographic Indexicality. In D. Green (Ed.) *Where is the Photograph?* (pp.47–60). Brighton: Photoworks.

Gregory, R.L., (1970). *The Intelligent Eye*. London: Weidenfeld and Nicolson.

Haldrup, M. and Larsen, J., (2003). The Family Gaze. *Tourist studies, 3*(1), 23-46.

Harvey, S., Snowdon, C. and Elbourne, D., (2008). Effectiveness of bereavement interventions in neonatal intensive care: A review of the evidence. *Seminars in Fetal and Neonatal Medicine, 13*(5), 341-356.

Hilliker, L., (2006). Letting go while holding on: Postmortem photography as an aid in the grieving process. *Illness, Crisis & Loss, 14*(3), 245-269.

Hirsch, M., (1997). Family Frames: Photography, narrative, and postmemory. Harvard: Harvard University Press.

Holland, P. (2004). *Picturing childhood: The myth of the child in popular imagery*. London: IB Tauris.

Horey, D., Flenady, V., Heazell, A. E., & Khong, T. Y. (2013). Interventions for supporting parents' decisions about autopsy after stillbirth. *Cochrane Database of Systematic Reviews*, (2).

Institute of Medical Illustrators (2018). *IMI National Guidelines: A Guide to Good Practice. Bereavement Photography (Neonates, stillbirths and children).* [Internet] Available from: https://www.imi.org.uk/wp-content/uploads/2019/01/2018_Apr_IMINatGuidelines_Bereavement.pdf

Ives-Baine, L. and Martel, S., (2014). "Most prized possessions": Photography as living relationships within the end-of-life care of newborns. *Illness, Crisis & Loss, 22*(4), 311-332.

Jenni, K., & Loewenstein, G. (1997). Explaining the identifiable victim effect. *Journal of Risk and Uncertainty*, *14*(3), 235-257.

Jutel, A., (2006). What's in a name? Death before birth. *Perspectives in Biology and Medicine, 49*(3), 425-434.

Kendall, A. and Guo, W., (2008). Evidence-based neonatal bereavement care. *Newborn and Infant Nursing Reviews, 8*(3), 131-135.

Kennell, J.H., Slyter, H. and Klaus, M.H., (1970). The mourning response of parents to the death of a newborn infant. *New England Journal of Medicine*, 283(7), 344-349.

Kogut, T., & Ritov, I. (2005). The "identified victim" effect: An identified group, or just a single individual?. *Journal of Behavioral Decision Making*, *18*(3), 157-167.

Kroes, R. and Pease, D., 2007. *Photographic Memories: Private pictures, public images, and American history*. New Hampshire: UPNE.

Lacan, J. (1998).*The four fundamental concepts of psychoanalysis: The seminar of Jacques Lacan, Book XI.* New York: Norton.

Littlemore, J., & Turner, S. (2019a). Metaphors in communication about pregnancy loss. *Metaphor and the Social World*, (In-press), (In-press).

Littlemore, J., & Turner, S. (2019b). What Can Metaphor Tell Us About Experiences of Pregnancy Loss and How Are These Experiences Reflected in Midwife Practice? *Frontiers in Communication 4*(42).

Lovell, A., 2001. The changing identities of miscarriage and stillbirth: Influences on practice and ritual. *Bereavement Care, 20*(3), 37-40.

Lundqvist, A., Nilstun, T. and Dykes, A.K., (2002). Both empowered and powerless: mothers' experiences of professional care when their newborn dies*. Birth, 29*(3), 192-199.

Lundqvist, A., Nilstun, T. and Dykes, A.K., (2003). Neonatal end-of-life care in Sweden: the views of Muslim women. *The Journal of Perinatal & Neonatal Nursing, 17*(1), 77-86.

Lutz, C. and Collins, J., (1991). The photograph as an intersection of gazes: The example of National Geographic. *Visual Anthropology Review*, *7*(1), 134-149.

Mander, R. and Marshall, R.K., (2003). An historical analysis of the role of paintings and photographs in comforting bereaved parents. *Midwifery, 19*(3), 230-242.

Martel, S. (2017) Bereavement Photographs as Family Photographs: Findings from a phenomenological study on family experience with neonatal end-of-life photography. *Communications*, *42*(3), 309–326.

McCartney, P. R. (2007). Digital bereavement photography. *MCN: The American Journal of Maternal/Child Nursing*, *32*(5), 322.

Mistry, H., Heazell, A. E., Vincent, O., & Roberts, T. (2013). A structured review and exploration of the healthcare costs associated with stillbirth and a subsequent pregnancy in England and Wales. *BMC pregnancy and childbirth*, *13*(1), 236.

Mord, J., (2014). *Beyond the Dark Veil: Post-mortem & mourning photography from the Thanatos Archive*. San Francisco: Grand Central Press.

MRC "Developing and evaluating complex interventions: New guidance." MRC.ac.uk, accessed 30th March, 2015. http://www.mrc.ac.uk/documents/pdf/complexinterventions-guidance/

Mulvey, L. (1989). Visual pleasure and narrative cinema. In L. Mulvey (Ed.). *Visual and other pleasures*. (Pp.14-26). London: Palgrave Macmillan.

Murphy, S. (2012). Reclaiming a moral identity: stillbirth, stigma and 'moral mothers'. *Midwifery*, *28*(4), 476-480.

Murphy, S. (2013). Bereaved parents: a contradiction in terms?. In S. Earle, C. Komaromy, & L. Layne (Eds.). *Understanding Reproductive Loss: Perspectives on Life, Death and Fertility* (pp.117-128). Farnham: Ashgate.

Newall, M. (2011). *What is a Picture?: Depiction, Realism, Abstraction.* London: Palgrave Macmillan.

O'Leary, J., & Thorwick, C. (2006). Fathers' perspectives during pregnancy, postperinatal loss. *Journal of Obstetric, Gynecologic & Neonatal Nursing*, *35*(1), 78-86.

O'Connell, O., Meaney, S. and O'Donoghue, K., (2016). Caring for parents at the time of stillbirth: How can we do better? *Women and Birth, 29*(4), 345-349.

Office of National Statistics (2019). Child and infant mortality in England and Wales: 2017. Available from: https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/childhoodinfantandperinatalmortalityinenglandandwales/2017

Parkes, C.M. (1996). *Bereavement: Studies of grief in adult life* (3rd ed.) London: Routledge.

Peck, S. (2015). How photographing stillborn babies helps their parents cope with grief. The Telegraph [internet]. Available from: https://www.telegraph.co.uk/women/mother-tongue/11886044/Stillborn-babies-Photographing-them-helps-parents-cope-with-grief.html

Peters, M., Riitano, D., Lisy, K., Jordan, Z., & Aromataris, E. (2014). Providing care for families who have experienced stillbirth: a comprehensive systematic review. The Stillbirth Foundation Australia [Internet]. Available from: http://www.stillbirthfoundation.org.au/provision-of-effective-and-appropriate-care-forfamilies-who-have-experienced-stillbirth/

Rådestad, I., Steineck, G., Nordin, C., & Sjogren, B. (1996). Psychological complications after stillbirth—influence of memories and immediate management: population based study. *Bmj*, *312*(7045), 1505-1508.

Ramirez, F.D., Bogetz, J.F., Kufeld, M. and Yee, L.M., 2019. Professional Bereavement Photography in the Setting of Perinatal Loss: A qualitative analysis. *Global Pediatric Health, 6*, 1-12.

Reilly-Smorawski, B., Armstrong, A.V. and Catlin, E.A., (2002). Bereavement support for couples following death of a baby: Program development and 14-year exit analysis. *Death Studies, 26*(1), 21-37.

Rose, G., (2001). *Visual Methodologies: An introduction to the interpretation of visual materials*. London: Sage.

Rose, G., (2010). *Doing Family Photography: The domestic, the public and the politics of sentiment.* Aldershot: Ashgate.

Rowa-Dewar, N., (2002). Do interventions make a difference to bereaved parents? A systematic review of controlled studies. *International Journal of Palliative Nursing, 8*(9), 452-457.

Säflund, K., & Wredling, R. (2006). Differences within couples' experience of their hospital care and well-being three months after experiencing a stillbirth. *Acta obstetricia et gynecologica Scandinavica*, *85*(10), 1193-1199.

Sandbye, M., (2014). Looking at the family photo album: A resumed theoretical discussion of why and how. *Journal of Aesthetics & Culture*, *6*(1), 1-33.

Sani, L., Dimanche, A.C., and Bacqué, M.F. (2019). *Angels in the Clouds: Stillbirth and Virtual Cemeteries on 50 YouTube Videos.*

Savedoff, B. E. (2000). *Transforming Images: How Photography Complicates the Picture.* Ithaca: Cornell University Press.

Shore, S. and Enyeart, J.L., (2007). *The Nature of Photographs*. London: Phaidon.

Stillbirth And Neonatal Death Society (Sands) (2010) Bereavement Care Report 2010 Survey of UK maternity units and the care they provide to parents whose baby dies before, during or shortly after birth Sands https://www.sands.org.uk/sites/default/files/SANDS-BEREAVEMENT-CARE-REPORT-FINAL.pdf

Stringham, J.G., Riley, J.H. and Ross, A., (1982). Silent birth: Mourning a stillborn baby. *Social Work, 27*(4), 322-327.

Turton, P., Badenhorst, W., Pawlby, S., White, S., & Hughes, P. (2009). Psychological vulnerability in children next-born after stillbirth: a case–control follow-up study. *Journal of Child Psychology and Psychiatry*, *50*(12), 1451-1458.

Ulrich, B. (2002). *Spectral Evidence: The Photography of Trauma.* Cambridge, MA: MIT Press.

Vance, J. C., Najman, J. M., Thearle, M. J., Embelton, G., Foster, W. J., & Boyle, F. M. (1995). Psychological changes in parents eight months after the loss of an infant from stillbirth, neonatal death, or sudden infant death syndrome—a longitudinal study. *Pediatrics*, *96*(5), 933-938.

Wartofsky, M., (1979). "Picturing and Representing". In Nodine, C.F. and Fisher, D.F. (Eds.) *Percetion and Pictorial Representations* (pp. 272-83). New York: Praeger.

Woodroffe, I., (2013). Supporting bereaved families through neonatal death and beyond. In *Seminars in Fetal and Neonatal Medicine*, *18*(2), 99-104.

Workman, E. (2001). Guiding parents through the death of their infant. *JOGNN*, *30*(6), 569-573.

Wright, T. (2002). Moving images: The media representation of refugees. *Visual Studies*, *17*(1), 53-66.