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Seeing Horror through the Lens of Health: Embodying Dissociative Identity Disorder in The Babadook

Paul Mitchell

Abstract: This essay analyzes the representation of dissociative identity disorder in Jennifer Kent’s debut feature, The Babadook (2014). Although the film’s exploration of psychological themes such as maternal ambivalence, grief, and repression have already been widely discussed in the critical literature, I argue that such readings tend to mitigate the embodied nature of the suffering that Kent’s film depicts. Using Arthur Frank’s concept of chaos stories as well as Edward Branigan’s work on film narrative, I show how The Babadook provides a valuable, fictional example of how dissociative identity disorder can be depicted in cinematic language. Through Kent’s use of internal and external focalization, amongst other filmic techniques, the film promotes an ethic of witnessing whereby spectators can actively see the disorienting impact the protagonist’s suffering has on her life. In this way, The Babadook gives health care practitioners insight into the complexity of her subjectivized illness experience.

Keywords: Babadook, film, health, illness, narrative

Introduction: From Horror to Health

In a darkened room, a woman looks with horror from under her bedclothes as a sinister creature with scissor-like claws hangs from the ceiling above her. Her lips tremble. She begins to reach for the bedside lamp, visibly petrified. But as she opens her lips to cry out, the creature drops at incredible speed. It disappears inside her mouth, stifling her scream.¹ In the next shot, the woman sits up and quickly gets out of bed, clearly shaken but without any further apparent injury. She awakens her son, who is sleeping in the same bed, and tells him...
that they are going downstairs. The scene cuts as they exit the room, leaving spectators wondering if what they have just witnessed was real or merely a figment of the woman’s imagination.

Although Jennifer Kent’s *The Babadook* is one of the most critically acclaimed films of the twenty-first century, with renowned popular author Stephen King tweeting that it is “Deeply disturbing and highly recommended,” an interesting debate has arisen about the film’s merits as horror cinema. Even the director has, seemingly, questioned *The Babadook*’s shock credentials by suggesting that, “at the core of it, it’s about the mother and child, and their relationship.” Yet viewing the film through the lens of (un)successful horror is unsatisfactory, for it obfuscates its significance in terms of understanding illness and health. Instead, I adopt an interpretive paradigm that focuses on how *The Babadook* provides an affective, embodied performance of dissociation. By insisting upon cinema’s capacity to depict human suffering in terms of its “experientiality”—“the quasi-mimetic evocation of ‘real-life experience’”—I will illuminate the strategies Kent uses to make a visual medium convey a notoriously invisible, internal illness experience.

Following the publication of G. K. Fritz and R. O. Poe’s report on cinema and psychiatric education in 1979, academic interest in the use and analysis of film in a wide variety of health contexts, and from a range of health perspectives, has grown exponentially, particularly since 2000. However, despite such notable works as *Cinemeducation* (Alexander, Lenahan, and Pavlov, 2006) and *Movies and Mental Illness* (Wedding, Boyd, and Niemiec 2010), little attention has been given to the technical elements through which filmic narrative is constructed. Indeed, much of the scholarship related to the field of pathography—that is, “a form of autobiography or biography that describes personal experiences of illness, treatment, and sometimes death”—is still dominated by a focus on non-fiction written or verbal accounts, to the exclusion of cinema. On those occasions when visual or performance texts are given academic consideration, they most often involve works of fine art, drama, or dance.

In the analysis that follows, I will demonstrate how Kent’s formal choices enact *The Babadook*’s social commitment to telling a story about illness from a perspective beyond patienthood. Arthur Frank’s concept of chaos narratives is helpful in this regard. Although Angela Woods has criticized Frank for reducing illness to a somatic experience—the notion that the sufferer’s “wound” is inscribed upon his or her physical body—aspects of his theory can, nevertheless, illuminate the film’s exploration of dissociation, particularly his observation that
the “person living the chaos story has no distance from her life and no reflective grasp on it.” Furthermore, I believe that *The Babadook* illustrates the need for those working in the fields of health humanities and narrative medicine to view illness as a hybrid, psychosomatic phenomenon. However, as Frank’s taxonomy was developed on the basis of an exclusive sample of verbal and written illness accounts—“by sifting through [his] memories of conversations and notes from memoirs”—it is, by itself, inadequate to account for the filmic experience of *The Babadook*. Indeed, I wish to argue that Frank’s formulation of chaos as being essentially “anti-narrative” is problematic, given that he fails to sufficiently distinguish the concept of *fabula* (or the story that is told) from that of *sjužet*, which concerns how that story is told. In contrast, I will utilize a critical bifocality that associates narrative with “‘what’ happens” in the film (irrespective of stylistic or structural choices), while narration will be used to indicate “‘how’ [a story] is witnessed and known.” Here I use Edward Branigan’s theory of film narrative to explore how the protagonist’s illness (or her experiential chaos) is mediated for spectators by an audio-visual narration that “organizes a set of cues for the construction of [her] story.” Nevertheless, by applying Branigan’s ideas, I will propose a model of interpretation that also emphasizes the constructive role of the film’s spectators. Given that the “[e]vidence on the screen cannot ‘speak for itself,’” spectators must proactively make sense of *The Babadook*’s narrative through inferences drawn from its explicit and implicit narration. In this way, the protagonist’s illness experience is mediated both through what is presented on screen and by the spectator’s interpretation of those events. As Branigan suggests, “the spectator regularly sees what is not present.”

Rather than using film as a medium through which to depict the suffering body at a remove from its spectators—a characteristic that, according to Evelyne Keitel, typifies written pathographies—*The Babadook* provides an interesting contemporary example of how film can reveal to us its protagonist’s interiority. In fact, by allowing us to experience how she views and interprets the world, this subjectivization “resists linguistic representation.” Indeed, one of the most striking—and critically undervalued—aspects of *The Babadook* concerns how the protagonist’s inability to speak about her suffering is a key component of her illness experience. Finding a voice (through narrative), therefore, becomes a means by which she can, progressively, begin to gain self-control. As Frank reminds us, “Seriously ill people are wounded not just in body but in voice. They need to become
storytellers in order to recover the voices that illness . . . often take[s]
away.”19 By being with the protagonist throughout the events that we
witness on the screen, The Babadook’s spectators can recognize how
suffering is a profoundly idiosyncratic and embodied experience, a
lived event that is “told not just about the body but through it.”20
We see her distress (or chaos), even if she does not express this to
us in words. As a result, the film’s chaos narrative, which, for Frank,
“literally cannot be told but can only be lived,” enacts a “confronta-
tion with the limits of language” that is enabled through the cinematic
experience of The Babadook.21

Changing the Lens: Amelia’s Embodied Suffering

The Babadook focuses on a single mother, Amelia (Essie Davis),
who is suffering in the wake of the premature death of her husband,
Oskar (Ben Winspear), following a car accident. As such, the film can
be understood, initially, in relation to Frank’s reference to “survivor
stories of inflicted traumas.”22 One evening, she and her young son,
Samuel (Noah Wiseman), find a mysterious pop-up book called Mister
Babadook that turns out to be intensely disturbing. After reading it,
Samuel becomes convinced that the book’s supernatural monster (Tim
Purcell) has entered their home and is intending to do them harm.
As the film progresses, Samuel’s fears appear to be borne out when
Amelia, now seemingly possessed by the Babadook’s evil spirit, kills
the family dog and then attempts to harm her son. Samuel is, however,
a very resourceful little boy and, while resisting his mother’s attack,
he manages to physically restrain her until the monster can be pain-
fully expelled from her body—a moment that, as Sara Hosey notes,
ironically symbolizes a “perverse or reverse-birth.”23 At the film’s close,
Amelia lovingly embraces her son as they look forward to celebrating
his seventh birthday.

As this brief overview illustrates, The Babadook is, ostensibly, a
narrative that depicts Amelia’s life following the traumatic loss of her
husband. However, at the level of narration, which Branigan explains
as a “deeper schema that drives the story,” it also constructs the
(non-verbalized) conditions through which Amelia, herself, becomes a
storyteller.24 Although Amelia’s backstory is kept to a minimum during
the film, the opening scenes establish that Oskar died in a car crash
on the way to the hospital where Amelia was going to give birth to
Samuel. Nearly seven years later, her son appears to have developed
major behavioral problems: he constructs dangerous weapons, is suspended from school, and has a conflicted relationship with his mother, a notion that is first demonstrated when Amelia finds a photograph of herself and her husband that has been defaced (24:35). Assuming that Samuel is guilty of a childish act of revenge because she “won’t let [him] have a dad” (22:10), Amelia angrily confronts her son. Samuel, however, blames the Babadook and, when he pushes his mother to the ground, he admonishes her by asking “Do you want to die?” (24:52).

Although this incident seems to showcase Samuel’s aggression towards his mother, several critics have argued that The Babadook actually subverts the child-monster horror trope through its exploration of maternal ambivalence. Thus, the argument runs, Amelia resents Samuel because she believes that his birth is (in)directly connected with Oskar’s death. As Erin Harrington notes, “She is a mother who does not love her child. She struggles to raise him. She cannot cope. She wishes him dead.”

While Amelia clearly displays ambivalence towards Samuel, I wish to argue that this ambivalence symptomizes her underlying (and narratively implicit) experience of dissociation identity disorder. To understand Amelia’s psychosomatic condition demands interpretive sensitivity not just to what happens or is said in the film, but also to the manner in which it is (or is not) shown to us. This response to The Babadook’s narration—an interpretation that Frank, slightly misleadingly for our purposes, refers to as “narrative sensitization” (emphasis added)—allows us to better understand Amelia’s complicated feelings about her son and to appreciate how her suffering is mediated through cinematic language. Here I wish to advocate an ethics of witnessing, whereby the act of seeing—rather than just watching—Amelia on screen allows us to have a more empathic response to her illness experience.

According to the definition given by Frank, Amelia is an unconventional “wounded storyteller.” Whereas his designation is qualified with references to solely physical illnesses—“those who have had almost any cancer, those living in cardiac recovery programs, diabetics . . .”—Amelia’s suffering displays both psycho- and somatic dimensions. Furthermore, while Frank’s concept refers to people who have “suffered and lived to tell the tale,” Amelia’s reluctance to vocalize what has happened to her is one of The Babadook’s most salient features. For example, when her kindly older neighbor, Gracie (Barbara West), makes passing reference to Oskar, Amelia’s barbed reply, “Do you have to keep on bringing him up?” (40:33), serves to magnify her unwillingness to speak about her husband’s death. Amelia’s suf-
Suffering is embodied rather than vocalized, an effect achieved in part by Essie Davis’s performance of her character on screen, but also by the construction of the film’s dis-eased diegesis, which comprises its cinematography, mise-en-scène design, and post-production editing.

The idea that Amelia suffers from maternal ambivalence, for example, is concretized in one particularly illuminating two-shot near the beginning of the film where she is shown curled up on the left-hand side of her bed while Samuel sleeps on the right (02:55). Here, she literally turns her back on her son, a lack of affection that could be the source of Samuel’s problematic behavior. The mise-en-scène here visually embodies Amelia’s suffering in terms of the physical distance she establishes from her child. Yet, this narrational device takes on added significance when we compare it with a similar moment in Kent’s short film Monster (2005)—an urtext that the director has described as “baby Babadook.” In Monster, however, the mother (Susan Prior) lovingly strokes her son’s (Luke Ikimis-Healey) face as they lie together in the center of the bed (08:03). By re-constructing this scene in The Babadook, Amelia’s posture and distance from Samuel demonstrate how she has become a self-enclosed, monadic body that resists physical and emotional connections with those around her. This same resistance can be seen early in the film when Amelia is unnerved by Samuel’s attempt to embrace her (04:25), or, later, when she seems unaware of the romantic intentions that her co-worker, Robbie (Daniel Henshall), has towards her (21.42).

One of the key ironies in The Babadook concerns Amelia’s employment in a retirement home. Although in several scenes she is dressed in her neat uniform, a physical indication of her identity as a professional care worker, Amelia is depicted as being wholly disconnected from the elderly people under her charge. In fact, she seems unable to accept emotional intimacy in any setting; she does not ask others for their help, nor does she accept it when it is offered. On the one occasion that Amelia seeks medical assistance, it is for Samuel rather than herself; and, despite Amelia breaking down in tears and confessing that she “is really not coping” (32:44), the doctor (Terence Crawford) fails to express any concern about Amelia’s state of mental or physical health. Yet, through a close-up of her face, the spectator can perceive her palpable relief when she realizes that, with the sedatives that have been prescribed to Samuel, her son will be rendered more docile and, therefore, less emotionally demanding (33:09). Here, the camera’s intimate observation of Amelia’s facial expression, a visual manifestation of her non-verbalized suffering, communicates The Babadook’s unspoken illness story to the empathic spectator.
Witnessing Suffering: The Babadook’s Chaos Narrative/Narration

Frank has written about the importance of witnessing suffering, which requires “one person’s willingness to tell a truth about experience and another person’s willingness to listen.” In doing so, a witness’s testimony creates “a witness of others”; and it is through this intimate communion that the teller’s monadic, self-enclosed body becomes dyadic. Building on Frank’s reference to how “testimony implicates others in what they witness,” I wish to emphasize the ocular, intersubjective nature of witnessing. By seeing what happens to Amelia, who is visually embodied for us on the cinema screen, The Babadook’s spectators are compelled to experience the filmic events in the same way, and at the same time, that she does. In fact, in an interview with Virginia Sélavy, Kent suggests that our visual witnessing of Amelia is a key element of the film’s narration: “[I] tried to keep it within her point of view as much as possible, so that people would not sit back with their arms folded and judge her, but they’d actually travel through that experience with her.”

Kent’s goal is apparent from the outset when, in the first scene, Amelia dreams about the origin of her suffering: the car crash that killed Oskar and which gives literal resonance to Frank’s description of how illness stories begin “in wreckage.” Here the incident is refracted through Amelia’s visual perspective, not just by the use of a brief point-of-view shot that shows us her husband as she sees him (01:28), but also by giving us access to the mental images that occur in Amelia’s head as she dreams.

Branigan has defined the narrative technique of focalization as that “which involves a character . . . actually experiencing something through seeing and hearing it” (emphasis in the original). Moreover, he explains, an insight into a character’s “deeper thoughts” through filmic dream sequences is a mechanism of “internal focalization,” whereby “story world and screen are meant to collapse into each other. . . . The spectator’s task is to identify the story world with the mental understanding of a specific character.” In The Babadook, this internally focalized process of “identification” allows Kent to depict Amelia watching herself at a distance (in the same way that we do) as the car’s windshield shatters (01:21), a filmic representation of her dislocated sense of agency. Amelia’s depersonalized, or out-of-body, experiences recur at several moments throughout The Babadook, such as when she flicks through the Mister Babadook book and recognizes herself as a character in its pages (37:00). Later on, Amelia watches a television news report about a mother who has stabbed her son and
sees herself in the window of the perpetrator’s house (1:01:40). In addition, there are several moments in the film when we observe Amelia from a more objective, or non-focalized, perspective: for example, when she sits, distracted and alone, in the shopping mall eating an ice cream (19:12), or when she stares forlornly at a couple who are kissing in a parked car (19:24). In the latter scene, the film alternates between Amelia’s point-of-view shot of the lovers and our own observation of her. Witnessing Amelia’s non-verbalized narrative in these unguarded moments establishes her separation from others and her displacement within her environment. However, through the construction of *The Babadook*’s implicit narration, these scenes also embody Amelia’s suffering in the postures and facial expressions that we witness on screen (even though she cannot put her experience into words).

The interpretation of the film that I am proposing allows us to better see what Davis’s physical performance of Amelia implies and, through this, we can appreciate how her lived experience has become the stuff of a horror film. *The Babadook* explores what is beyond, or lacking, in language, and, as such, it typifies Frank’s notion of a chaos narrative. As he states, “If chaos stories are told on the edges of a wound, they are also told on the edge of speech. Ultimately, chaos is told in the silence that speech cannot penetrate or illuminate.” One particularly relevant aspect of Davis’s interpretation concerns the ongoing physical discomfort that Amelia experiences from a troublesome tooth. Sporadically, she is seen to wince from the pain (07:43; 13:08; 48:08) until she finally rips the tooth out of her mouth (1:07:25)—an action that makes the audience flinch. Here Amelia’s story is narrativized through the (filmic) body, her toothache a somatic wound that visually communicates her unspoken distress to the viewer. Rather than merely symbolizing Amelia’s emotional trauma, therefore, her rotten tooth provides us with an example of the mind-body connection made concrete and visceral by this visual medium. The tooth and the pain it causes bespeak the close connection between trauma, dissociation, and somatization.

Pauline Quigley has commented on how the use of tight framing within the film helps to focus our attention on Amelia’s emotional responses. In fact, Kent uses a range of camera movements and shots to narrativize (and, thereby, to embody) Amelia’s suffering. This range can be illustrated, for example, by her bed, which is an important visual trope throughout *The Babadook*. As mentioned above, an early overhead shot establishes Amelia’s disconnection from her son by depicting her sleeping with her body turned away from him. At another
moment, an upward tilt shot reveals Amelia lying on her back in the bed, before she briefly rouses herself, sits up and then collapses back onto its vacant right side (35:35). The camera that follows Amelia’s movements invites us to see Oskar’s non-presence as it is reified by the marital bed. Later, another overhead shot looks down on Amelia lying on the right side of the bed as she embraces Oskar’s violin, an artifact that, metonymically, embodies her husband. Samuel then climbs onto the left side and puts his arm around his mother’s waist, but she refuses to turn around and look at him (54:25). Scenes such as these are visual and material, though non-verbal, manifestations of Amelia’s traumatic loss and of the negative impact that it has had on her relationship with her son.

In this context, Kent’s choice of name for the Babadook is particularly relevant. Aoife Dempsey has discussed Kent’s neologism in relation to Aboriginal linguistic culture, while the director has suggested that the word is “stupid and kind of made up.” Nevertheless, the inarticulacy of the Babadook’s staccato cry—“ba BA-ba DOOK! DOOK! DOOK!” (11:10)—parallels how Amelia repeatedly fails to meaningfully vocalize her suffering. I believe the Babadook can be understood as a visualization of Amelia’s underlying illness that incorporates the contingent psychological conditions, such as excessive grief, that various critics have also diagnosed. Like the painful tooth mentioned above, therefore, the Babadook can be understood as a somatization of her otherwise unspoken trauma.

With this new lens, we can return to the scene in which the Babadook drops from the ceiling into Amelia’s mouth. The moment is certainly replete with horror tropes, including chiaroscuro lighting and sinister diegetic sound effects. Yet, although Xavier Aldana Reyes is right to say that the affective nature of this incident derives from our uncertainty about whether it is real or not, it is also significant that Amelia is prevented from articulating her anguish in a scream. Furthermore, the fact that we see the Babadook enter her body though a point-of-view shot elevates its significance beyond mere metaphorization: just when Amelia believes that she has been inhabited by a malignant external force, a much-used trope in supernatural horror cinema, she begins to display some of the behaviors that are associated with dissociative possession. This connection is reinforced by the decline in Amelia’s appearance over the course of the film. Increasingly, her facial expressions become more harried and her hair more bedraggled—a common visual trope of female insanity—and she spends most of the film’s second half wearing a nightdress that is ever more disheveled and blood-stained as the narrative nears its conclusion.
External Focalization: Amelia’s Experience of Dissociation

Through our focalized understanding of how Amelia sees and experiences the diegetic world, spectators become immersed in her disordered temporality. Three of the incidents mentioned above—the car crash, Amelia’s reading of the *Mister Babadook* book, and the television news report—illustrate how her past and future become merged into “an incessant present.” The film’s lack of flashbacks further emphasizes this idea. In fact, as the only visual insight that we are given into Amelia’s (possibly healthy) life before the fatal accident is in our brief glimpse of her in the photograph with Oskar, *The Babadook*’s narration inscribes her suffering from the beginning. As a result, we witness Amelia’s story in terms of its interruption: both the initial interruption to her life that was caused by the car crash and the ongoing, temporal interruption that serves to make her life so chaotic. The fact that Samuel only ever celebrates his birthday on a day that is not the one on which he was born adds to the overall sense of a sequential disruption to the film’s narrative.

This notion is exaggerated by Kent’s decision to decelerate or accelerate time during the course of the narrative, which renders temporality even more unstable. In doing so, *The Babadook*’s narration amplifies, rather than resists, Amelia’s chaos. Thus, while a slow-motion close-up in the opening scene dwells on Amelia’s horrified face as the car crashes (01:07), the use of time-lapse photography later speeds us through the hours while she sleeps (16:36). The result is a fracturing of diegetic time that gradually inculcates in the spectator the same existential disorientation that Amelia feels.

Keitel has written about how reading literary illness texts is “anything but stabilizing.” Witnessing Amelia’s lived chaos on screen adds both an aural and visual dimension to that effect. In fact, temporality becomes, at times, cyclical or a form of stasis, a notion reinforced by Amelia’s clothing. During her final confrontation with the Babadook (1:16:56), for example, she is dressed in the same white nightdress that she wore, seven years before, at the beginning of the film (01:11). Between these two scenes is the moment where Amelia crashes her car with Samuel in the backseat (52:22). Although the accident is, narratively, provoked by the Babadook’s sudden appearance, which causes her to lose control of the vehicle, this narrational re-enactment of the origin of Amelia’s suffering illustrates her problematic conflation of the past with the present, through which the former (as the Babadook) physically transgresses upon latter.
Recognizing the fracturing of time as a symptom of Amelia’s dissociation is made possible by *The Babadook’s* use of external focalization. This technique means that the spectator’s experience is mediated through a particular character’s psyche; a cinematic event thus depends on that particular character’s cognitive understanding (though not necessarily their visual point-of-view). Focalization is extremely important to the spectator’s experience of *The Babadook* because most of the film is mediated through Amelia. To return to the incident with the defaced photograph mentioned earlier: on first viewing, we are likely to assume that Samuel is culpable and that, when confronted, he reacts violently towards his mother. After all, the early scenes in the film have established his dysfunctional behavior. But our interpretation of this scene changes radically if we are attentive to the use of external focalization and to Amelia’s dissociation. Seeing the incident in this way suggests that Samuel is actually innocent of the defacement. He pushes his mother away not because he is aggressive, but because he is scared of her. In fact, the person who has scrawled upon the photograph is Amelia herself, even if she is not consciously aware of having done so. Samuel lashes out, therefore, to stop her from attacking him.

External focalization enables Kent to embody Amelia’s experience of dissociation by depicting events from her subjective point of view. In doing so, the film establishes an important (narrative) gap between what we see on screen and what is actually taking place, a lacuna (or absence) that represents Amelia’s unspoken chaos story. The gap between when we first see the untouched photograph of herself and her husband, and when we see it defaced, signals Amelia’s dissociative fugue—a temporary state in which she loses her memory. Another incident of dissociation occurs towards the end of *The Babadook*, when Amelia watches in passive horror as an unseen force drags Samuel up the stairs and then flings him forcefully against her bedroom wall (1:16:00). Interpreting this scene in terms of its conventional horror tropes would lead us to believe that he is being attacked by the supernatural Babadook. However, by seeing the film as an externally focalized chaos narrative, we realize that the person who is violently assaulting him is, in fact, Amelia. Unable to consciously acknowledge that her resentment towards Samuel drives her to physically abuse him, Amelia’s illness causes her to see the Babadook inflicting harm upon him instead. In fact, throughout the film, Amelia repeatedly drifts into a dissociative state to protect herself from a horrifying truth: that her violent treatment of Samuel transposes her own trauma onto
the body of her child who, in consequence, also comes to physically embody her suffering.

Through a health-oriented reading of *The Babadook*, we gradually realize that one of the triggers for Amelia’s dissociation is the house in which she and Samuel live. Both a museum and a mausoleum that physically manifests her husband’s (non-)presence, its basement is filled with the clothes that Oskar was wearing on the day he died, his scattered musical scores, and old photographs. Hosey has pointed out how Amelia is closely identified with her home, a common trope in psychological horror cinema. Amelia’s dissociative identity disorder magnifies this identification. The effect is often grotesque, such as when she hallucinates a roach infestation behind the kitchen wall (41:47). The house’s hermetic sickness is also made tangible for spectators by its somber blue-gray décor, a color palette in stark contrast to the white walls, sun-drenched windows, and airy open spaces that feature in the home of her sister, Claire (Hayley McElhinney) (28:00). Amelia’s somber house is consistent with *The Babadook*’s overall visual stylization, a cohesiveness that helps Kent to construct the film’s diegesis as a manifestation of her “fugue state.” It is noticeable, for example, that, when Amelia is shown in the shopping mall, the sofa on which she sits absentmindedly is also blue (19:12), as is the doctor’s jacket (32:02) and Samuel’s bed clothes (33:31), as well as countless other props. Kent herself has mentioned that one scene in particular was designed so that the two black cars parked in front of Samuel’s school provide a visual contrast with Amelia’s pale blue vehicle (04:43). The bleak hue of Amelia’s house is a physical manifestation of her woundedness—and one that becomes more noticeable as her psychological health declines. Thus, when Amelia threatens Samuel with a kitchen knife (57:10), the muted gray coloration of the kitchen, as well as the visual disarray of unwashed dishes and discarded food items that are glimpsed in the background of the shot, give physical form to her increasingly negative and disordered mental state.

Visualizing the Body-Self: *The Babadook*’s *Mister Babadook*

*The Babadook* suggests that Amelia’s recuperation from dissociative identity disorder is contingent on her capacity to narrativize her illness experience and, thereby, to gain subjective or authorial control over it. In fact, the early scene in which Amelia reads from the *Mister Babadook* storybook is crucial to this process, even though we only
come to appreciate its health significance retrospectively. While the scene plays upon the horror trope of a supernatural incantation that, having been recited aloud, allows the monster to possess Amelia’s body, the sudden, unexplained appearance of the book in Samuel’s bedroom is one of the film’s most enigmatic moments. This narrative breach gestures not only towards Amelia’s dissociative state but, also, the possibility that she is, in fact, the author of *Mister Babadook*. Indeed, Amelia mentions, whilst at Ruby’s (Chloe Hurn) birthday party, that she used to be a writer who “did some kids’ stuff” (28:09), a throw-away reference that makes the text’s format as a children’s pop-up book particularly significant.

Although *Mister Babadook* is written off-screen (and, therefore, Amelia’s authorship can only ever be inferred), the story can be read as her extant graphic pathography, a textual/visual embodiment of her illness experience. But it is also the means through which she catalyzes the “psychic rebuilding” that Anne Hunsaker Hawkins argues “involves finding patterns, imposing order, and, for many, discovering meanings.”

The female character in the story, Amelia’s avatar, graphically represents the non-verbalized experience of being possessed by the nefarious Babadook. By putting into (written) words how the self-delusion that characterizes her illness has only made her suffering more intense—“The MORE you DENY, the STRONGER [it] GET[s]” (36:46)—a series of disturbing illustrations concretizes the idea that Amelia and the Babadook are, in fact, one and the same. For example, in one particular pop-up image, Amelia is shown with her arms spread out in cruciform while the Babadook stands behind, mirroring her posture (37:02). As Amelia’s sinister shadow, the Babadook’s “grow[th] / RIGHT UNDER [her] SKIN” (37:07) indicates how it is a physical projection of her illness and, therefore, how visual/graphic art “can provide an alternative narrative, particularly where... illnesses are hard to articulate.”

Cathartic and therapeutic, Amelia’s meticulous, graphic construction of *Mister Babadook* mediates her illness experience and, in doing so, allows her to process the destructive impact that Oskar’s death has had on both herself and (her relationship with) Samuel. Replicating the film spectator’s position as a witness of her suffering, the visual nature of the graphic text allows Amelia a dual perspective, “both victim of the trauma and... observer.” On one page, she depicts her suicidal thoughts when her avatar uses a kitchen knife to slash her throat, with the vibrant coloration of the blood flowing from the
wound starkly contrasting the rest of the book’s grayscale graphics. As a visceral and “interrupted autobiography,” *Mister Babadook* represents Amelia’s attempt to impose narrative control on her chaotic body-self that has become hybridized with the Babadook.54

Amelia’s transformed sense of body-self is also represented through her changing relationship with her son. Samuel is undoubtedly the most powerful trigger of Amelia’s dissociation, and the one from which she is unable to escape. In fact, as Hosey points out, Samuel’s suspension from school for brandishing dangerous, homemade weapons in class, ironically, means that they are “thrown ever more together,” despite Amelia’s desperate need for distance from him.55 Born on the same day that his father died, Samuel’s physical presence in the family home is a constant reminder of Oskar’s absence from it. Amelia’s consequent ambivalence towards her son gives cinematic form to the emotional disconnectedness that is experienced by many trauma survivors. However, unlike the doctor or Claire, Samuel is one of very few characters who tries to establish a relationship of care with his mother—an ironic inversion, of course, of socially mandated parent-child roles.56 In spite of his young age and concomitant misunderstanding of what ails her, a factor that leads him to justify her erratic and violent behavior in terms of imagined monsters, Samuel’s twice-made declaration of love for Amelia (34:48; 1:13:38) and his “promise to protect [her]” (34:14) display his willingness to witness her suffering. This reaching out establishes Samuel, according to Frank’s taxonomy, as a “communicative body [that] calls others into a dyadic relationship.”57 It is important to remember that “the boy,” as both the school headmaster (06:07) and the Babadook (1:03:29) refer to him, is a victim of a physically abusive mother whose behavior is more predator than protector.58 Notwithstanding (or, perhaps, because of) this bodily suffering, Samuel’s commitment to his mother’s recuperation can be understood as an “ethic of solidarity.”59 Through his willingness to be with Amelia, he embodies the empathic relation that is required for her to become a wounded storyteller. As Frank informs us, “Illness stories require an interplay of mutual presences: the listener must be present as a potentially suffering body to receive the testimony that is the suffering body of the teller.”60

As *The Babadook* moves towards its conclusion, the possibility of Amelia’s recovery is posited. Central to this process—her transformation into a communicative body like Samuel—is her (and our) recognition that her son is not the cause of her suffering but, in fact, the solution to it. In fact, at the film’s finale, she actively becomes Samuel’s
protector by physically shielding him and warning the Babadook that, “If you touch my son again, I’ll fucking kill you” (1:18:54). Amelia’s discovery of her intimate commitment to Samuel, her revelation that his existence positively embodies, rather than negates, her husband’s memory, follows from her off-screen act of remaking her dissociated body-self in narrative. Amelia’s recuperation is catalyzed, therefore, by her creation of Mister Babadook, which becomes the source of her perseverance, despite her attempts to destroy it (26:22; 37:34). Finally recognizing within its pages the damage that she (as the Babadook) has inflicted upon Samuel, this autobiographical story “assert[s] its own ethic.”61 As a result, Amelia discovers the ability to articulate her suffering aloud. For example, at the end of the film, she tells the child-welfare social workers who have come to check on the progress of her son, “My husband died the day that Sam was born” (1:22:24), a landmark moment that is suitably framed by the camera’s close-up on her face as she speaks. In vocalizing this event, Amelia develops what Helle Mathiasen and Joseph Alpert term “empirical empathy,” as her traumatic experience grants her an understanding of the physical and emotional suffering that her son has had to endure (and that, of course, she has also inflicted upon him).62

In the final scenes of the film, the Babadook is confined in the basement of Amelia’s house. This ending provoked numerous negative online responses, with Eve Tushnet scoffing that the mother-child relationship would be far “more obviously mangled” after such abuse, while Tyler Sage suggests that, with its seemingly positive outcome, the film’s conclusion is not “simply un-scary, it’s insulting.”63 Such judgments miss the point that Amelia’s (narrative) self-control remains highly contingent, an interpretation supported by Kent’s comment that the finale is “a partial resolution, a negotiation that’s begun” (emphasis added).64 As such, it provides a filmic example of Frank’s observation that “Chaos is never transcended but must be accepted.”65 The dissociated possession that used to provoke Amelia to physically harm Samuel still exists, it just no longer overwhelms her.

This tentative psychological balance is apparent when Amelia goes into the basement to feed the Babadook the worms that she has collected from her garden (1:24:05). Unlike in previous scenes, none of Oskar’s belongings—his clothes, photographs, or musical scores—are now part of the basement’s mise-en-scène, an indication that Amelia can recognize them as the triggers of her previously dissociative (and destructive) behavior. Furthermore, having narrativized her suffering through the Mister Babadook book, Amelia’s “ethic of recollection”
indicates that she is now able to take responsibility for the past. At one moment, for example, she examines the bruising that she has inflicted on Samuel’s neck before he reassures her that “It’s getting much better” (1:25:08). By coming to terms with Oskar’s death, Amelia can begin to enjoy a more mutually loving relationship with her son, even though, as the continued presence of Babadook makes clear, “chaos always remains the story’s background and will continually fade into the foreground.”

By witnessing the transformation of Amelia’s suffering into narrative/narration, the film’s spectators are implicated in the act of receiving her testimony. While this empathic responsiveness is not exclusive to cinema, Kent’s use of focalization immerses us in viscerality of Amelia’s chaotic internal world. By making sense of this experience for ourselves, Amelia’s story becomes transformed into what Frank refers to as “a pedagogy of suffering”—that is, an example of what (fictional) explorations of psychological disorders can teach us about the illness experience.

Conclusion: The Babadook’s Ethic of Witnessing

For much of the film, Amelia’s inability to vocalize her illness experience presents us with a problem of interpretation and meaning(fulness). Kent navigates this problem using the tools of cinema, and the horror genre in particular. Rather than romanticize Amelia’s suffering—a risk that, Frank argues, can sometimes accompany illness narratives—Kent’s use of horror tropes in The Babadook inscribes Amelia’s lived chaos onto the material textures of the film. The visual elements discussed above—Amelia’s house, her bed, the photograph of herself and Oskar, the film’s titular monster, and the Mister Babadook book—are dynamic and plural signifiers that physically manifest Amelia’s dissociative identity disorder. The film also embodies her suffering through its narrational construct, including cinematographic point of view and mise-en-scène. In doing so, it encourages spectators to actively see—as opposed to passively watch—the human health story it enacts. If, as Arthur Kleinman suggests, film has “an existential commitment to be with the sick person and to facilitate his or her building of an illness narrative,” The Babadook realizes this commitment.

Through using the horror genre to interrogate Amelia’s experience of dissociative identity disorder, the film provides not only a powerful spectacle for cinema audiences but also a valuable, health-related
enactment of the subjective and psychosomatic nature of her suffering. Although the chaos of Amelia’s experientiality is represented to us as an absence of language and a disruption of temporality, spectators are made to be with Amelia throughout this horrifying disorientation. Further, *The Babadook* defies the silence that has been inflicted on Amelia’s body-self; and it is here, in the conjunction of Amelia’s unspoken suffering with our empathic interpretation of what we see on screen, that her chaos narrative can be fully appreciated.

As spectators, we must perceive the coherence of her illness experience beyond its fragmented depiction on screen. We need to become attentive to the ambiguities within the events that are (not) shown in order to see how, through her suffering, Amelia discovers an enriching relationship with her son. Indeed, for those spectators who have themselves lived through traumatic loss, Essie Davis’s powerful portrayal of Amelia becomes a social ethic. As Kent has commented, “I’ve lost people, I’ve lost my dad, I know what it feels like, and you think it’s never going to end. So I think it’s important to have stories that can help you through.” Other spectators may also feel a “natural empathy” for Amelia when watching the film, whereby they discover sufficient resonance with her story despite not having had the same experience themselves (an emotional response that is, noticeably, lacking in her sister Claire). This intersubjectivity between Amelia and the spectator is congruent with the relationship between Amelia and Samuel who, during the course of the film, become transformed into dyadic bodies that are more attuned to each other’s suffering.

This “other-relatedness” is a key element of *The Babadook’s* social ethic of witnessing; it shows how the film’s spectators can interpret Amelia’s interrupted speech and memory as symptoms of her wounded storytelling. By filling in her narrative gaps (so to speak), Amelia’s testimony becomes a statement of how she has incorporated her illness experience into her body-self. Through exploring the process of Amelia’s recuperation as distinct from medical cure, Kent’s film puts emphasis on the importance of recognition: of Amelia recognizing herself in the Babadook, and herself as Samuel’s mother and protector, as well as the spectator’s recognition of the health implications of Amelia’s focalized chaos narrative. In particular, her continued vulnerability to the Babadook that lurks, unvanquished, in the basement of the family home suggests that her recovery remains highly contingent. Indeed, by modifying Frank’s theory to include those who have survived a psychosomatic illness but who “[can] never be considered cured,” Amelia takes her place as a “[m]ember of the remission society.” What *The
Babadook conveys about health and suffering is not, therefore, framed by blinkered optimism. Rather, there is a persistent incompleteness to the story, a narrative discordance that harks back to her earlier experience of temporal instability. As such, the film ends with an awareness that Amelia will never entirely “get rid of the Babadook” (1:15:45).

NOTES

1. This moment occurs at minute 47:30 in The Babadook, dir. Jennifer Kent. Further time stamp references to the film will be cited parenthetically in the text.
2. King, “THE BABBADOOK (sic).” The Babadook has been favorably reviewed in a number of leading publications, including the New York Times, with critic A. O. Scott lauding Kent’s directorial “brilliance.” In the British newspaper The Guardian, Peter Bradshaw awards the film four stars and describes it as a “clever, nasty, clammy claustrophobic chiller.” Writing for the cinema review website RogerEbert.com, Glenn Kelly extols The Babadook for being “the finest, most genuinely provocative horror movie to emerge in this still very-new century.”
3. Kent, “Year’s Best.”
4. Three of very few analyses to date that have explored The Babadook from health perspectives include: Toby Ingham’s “The Babadook,” which focuses on traumatic bereavement; Paul Mitchell’s exploration of post-traumatic stress disorder in “The Horror of Loss”; and Jason Middleton and Meredith Bak’s discussion of the lack of institutional support for caregivers in “Struggling for Recognition.”
5. Fludernik, Towards, 12.
6. For a more detailed account of the secondary literature on using film in medical contexts, see Daniel Darbyshire and Paul Baker, “Systematic Review.”
8. See, for example, Baker et al., Madness.
9. See Bates, Bleakley and Goodman, Medicine, Health and the Arts; and Crawford et al., Health Humanities.
10. Frank, Wounded Storyteller, 98.
15. Branigan, Narrative Comprehension, 46.
16. Branigan, Narrative Comprehension, 83.
17. Keitel, Reading Psychosis, 14.
18. Keitel, Reading Psychosis, 14.
21. Frank, Wounded Storyteller, 98; Conway, Beyond Words, 3.
26. Harrington, Women, Monstrosity and Horror Film, 180.
27. Frank, Wounded Storyteller, 155.
29. Frank, Wounded Storyteller, 8.
44. According to Bhavsar, Ventriglio and Bhugra, dissociative identity disorder is a “psychiatric condition that resists clear categorization in psychiatry’s operationalizing paradigm” (2016, 551).
49. Kent, “The Babadook.”
51. Hawkins, *Reconstructing Illness*, 129. The graphics for *Mister Babadook* were created by US illustrator Alexander Juhasz. Kent has stated that she “always saw the book as the core of the film’s design and imagined that everything else would radiate out from there” (Kent, “How Jennifer Kent”).
52. Crawford et al., *Health Humanities*, 113.
56. Apart from Amelia’s co-worker Robbie, who appears briefly in the film, the only other character who tries to help lessen her suffering is Gracie, Amelia’s elderly neighbor who suffers from Parkinson’s Disease. Importantly, Gracie emphasizes the therapeutic value of dialogue when she tells Amelia that she and Samuel have talked about her illness (40:27).
60. Frank, *Wounded Storyteller*, 144.
64. Kent, “The Babadook: Interview.”
71. Kent, “The Babadook Director.”
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