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Published version

EARLE, Harriet (2016). Creating the traumatic body : female genitals as wounds in Antichrist. *Film International*, 14 (1), 35-43.

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Creating the Traumatic Body: Female Genitals as Wounds in Antichrist

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Abstract:

Lars von Trier's controversial 2009 film *Antichrist* has baffled and fascinated since its première at the Cannes Film Festival. In this article, I will conduct an analysis of the film as a trauma narrative using both Freudian and post-Freudian theorists. Concentrating on the character of 'She', I propose that von Trier's film can be read in the light of several aspects of psychoanalytic trauma theory and aims to create a physical wound to match the psychological wound of trauma and grief. The climactic clitoridectomy scene is an act of 'traumatic location', wherein She seeks to locate her trauma on her body in a physical wound in order to both punish and to bring about an end of the repetition compulsion that is driving her extreme sexual behaviour.

Keywords: Sexuality, trauma, Freud, *Antichrist*, Lars von Trier

Trauma is a wound without wound; the rupture of experiences by the victim of trauma is not physical but remains within the psyche. It is for this reason, among others, that the experience of trauma is one of the most difficult to describe, to catalogue and to overcome. This article uses both Freudian and feminist trauma theories to read Lars von Trier's film *Antichrist* (2009), a film that involves violent events that are specifically located on the female genitals. The traumatic experiences of the characters become a physical wound located on the female body; the female genitals, once they become wounded, become so much more than a sexual organ. They become the loci of women's trauma, making the psychical physical. I begin with a brief discussion of Freudian trauma theory, the power dynamic within the relationship that is central to *Antichrist* and self-harm, before discussing the film's infamous clitoridectomy scene. I argue that the film attempts to create the female genitals as a traumatic locus, creating a wound where, by the nature of trauma, one does not exist.

The most fundamental tenet of trauma theory is the unassimilability of the traumatic event into healthy mental and emotional functioning. A traumatic rupture does not function within the psyche in the same way as a 'typical' memory; the central core of the traumatic memory is its innate unknowability – this is the key to Freudian and post-Freudian trauma theory. If the psychological concept that underpins the entire basis of Freud's work on trauma is largely inaccessible, then all subsequent theories arising from Freud's work is similarly compromised. For Freud, traumatic neuroses can be reduced to two key factors. First, he discusses 'fright, the factor of surprise' and makes it clear that this is to be kept separate from fear and anxiety:

'fright' [...] is the name we give to the states a person gets into when he has run into danger without being prepared for it. I do not believe that anxiety can produce a traumatic neurosis. There is something about anxiety that protects its subject against frights and so against fright-neuroses. (2003: 7)

It is the fact that the individual has no warning preceding the trauma that creates the initial traumatic rupture. Secondly, Freud suggests that the presence of a physical wound 'works as a rule against the development of a neurosis' (2003: 8). In *Moses and Monotheism*, he writes:

It may happen that a man who has experienced some frightful accident – a railway collision, for instance – leaves the scene of the event apparently uninjured. In the course of the next few weeks, however, he develops a number of severe psychical and motor symptoms which can only be traced to his shock. He now has a 'traumatic neurosis'. It is a quite unintelligible – that is to say, a new – fact. (Freud, 2001a: 80)

It is the survival – and the incomprehensibility of that survival – that creates the traumatic neurosis; it is this unquenchable need for psychic healing that leads to the symptoms of traumatic rupture that are noted by post-Freudian theorist Cathy Caruth and psychiatrist Judith Herman.

In her 1996 study of Freud's trauma theory and its relation to literary texts, Caruth writes that:

the wound of the mind [...] is not, like the wound of the body, a simple and healable event, but rather an event that [...] is experienced too soon, too unexpectedly to be fully known and is therefore not available to consciousness until it imposes itself again, repeatedly, in the nightmares and repetitive actions of the survivor. (1996: 19)

In Caruth's definition we are aware of the wound-like nature of psychic trauma. However, Caruth makes the point that it is not possible to be 'healed', though the condition can be ameliorated to some degree. She writes that trauma is 'experienced too soon': the event is not experienced as it happens. The mind works to protect itself and it is only later that the individual begins to witness it retroactively 'in nightmares and repetitive actions'. Freud writes at length of the repetition compulsion found in individuals with psychic trauma. The individual is compelled to return to the traumatic event over and over in nightmares and flashbacks; the sufferer has no control over these phenomena. The individual will not experience the whole event, nor will any coherent narrative be presented. Flashbacks may be a series of images or feelings with very little context; nightmares will be experienced in a similar fashion. It is only in assimilating the traumatic memory into the psyche through therapy that the sufferer may ever be free of the symptoms. Freud is particularly noted for his use of hypnosis on his 'hysterical' female patients to bring about 'abreaction', the bringing of 'a particular moment or problem into focus', leading to a 'release of affect' and the commencement of assimilation (2001b: 147).

The lack of physical wound in the trauma sufferer becomes a source of extreme anxiety: on one hand, they have survived unscathed; on the other, the wound affects the mind and psychical functioning, remaining unseen and thus inexplicable. Of course, the creation of a physical wound in order to 'make visible' mental suffering is not unknown. Self-harm – the purposeful wounding of the body by cutting, burning, bruising or more extreme methods – is a common psychological phenomenon that is more prevalent in teenagers and young adults than any other group; reports suggest that up to 8% of the population may be affected (see

BMJ report 2002). The reasons for self-harm are as diverse as its practitioners; however, Marilee Strong makes the point that there is a ‘strong link [with] childhood sexual abuse [...] Study after study now shows the extremely high correlation, and psychiatrists have discovered how it is that early abuse by others might lead to later self-injury’ (1998: xviii). The link between traumatic experience and self-harm is proven. Although this article does not discuss ‘traditional’ self-harm per se, the action of She in Antichrist is at the basic level an act of self-harm.¹ What I argue here is that the clitoridectomy in Antichrist goes beyond a simple act of self-harm brought about by grief and is instead an act of wound-creation that seeks to relocate psychological trauma on the physical body, making a wound of the organ She believes is the seat of the trauma.

At this juncture I would like to make it clear that self-harm to the genitals is extremely rare. An article on genital self-harm in the *Journal of Urology* (1993) describes only fourteen patients over a ten-year period, with emphasis on the fact the majority of these patients were psychotic and a large number had issues with alcohol dependency. Further studies are particularly concerned with genital self-harm in patients with underlying psychiatric conditions – unlike other cutting and injuring behaviours, this type of self-harm does not typically occur in individuals who do not also have severe psychiatric conditions.

Locating female trauma in the genitals is by no means new or ground-breaking. We only have to look as far as the term ‘hysteria’ to see that the female genitals have long been considered a source and a locus of negative emotion and trauma. Etymologically speaking, ‘hysteria’ was coined in 1801 as an ‘abstract noun from Greek ‘hystera’ (‘womb’) to define a neurotic condition peculiar to women and thought to be caused by a dysfunction of the uterus’ (OED, n.p.). The name itself immediately situates the condition within women; for many years it was thought impossible for a man to be ‘hysterical’. By the mid-nineteenth century, men were being diagnosed with ‘Railway Spine’, a nervous condition brought on in the aftermath of witnessing railway accidents. John Eric Erichsen, who first diagnosed this condition, explicitly denounced any link to hysteria: ‘is it reasonable to say that a man has suddenly become “hysterical” like a lovesick girl?’ (Lerner, 2003: 25). ‘Hysteria’, then, is intimately linked to the control and infantilisation of women. Indeed, when Freud began working on hysteria at La Salpêtrière in the 1890s, the first observation he made was that the hypnotised women being ‘exhibited’ cried out most violently when their genitals were

¹ The two characters in Antichrist do not refer to each other by name and are simply called ‘He’ and ‘She’ in the credits.

touched. That these women were victims of dreadful sexual abuse is now clear; to Freud and his male colleagues, this was not so evident. Even now, in an age when we know full well that the ‘wandering womb’ that medicine once thought was the root of hysteria is medically impossible, women are systematically described as ‘hysterical’ when showing heightened emotion or ‘irrational behaviour’. It is a convenient label, loaded with many hundreds of years of female control, which places all female emotion in the genitals. The woman in *Antichrist* is not ‘hysterical’. She is suffering from a mingling of atypical grief and intense guilt. Her trauma is not an ethereal female trauma, based on the simple fact of her having a uterus, but a medically and psychologically legitimate phenomenon in need of treatment, like any other trauma.

In *Antichrist*, von Trier presents a couple in the aftermath of a terrible bereavement. In the opening to the film, the couple engage in passionate lovemaking, while their young son climbs up to a bedroom window and falls to his death. Following the funeral, He, a psychotherapist, takes She to an isolated cabin in order to undergo intensive therapy to recover from the all-consuming traumatic grief She experiences. It should be noted that this is the same cabin where She wrote her doctoral thesis on gynocide, which becomes an issue as She comes to believe that all women are inherently evil, a belief her thesis initially set out to criticise. As She becomes more mentally unstable, she mutilates He and herself, before He kills her and burns her body on a pyre. The extreme depictions of violence have led to this film receiving wide-ranging criticism, perhaps most succinctly summed up in Xan Brooks’ review, which asked the question, ‘a work of genius or the sickest film in the history of cinema?’ (The Guardian, 2009). The violence appears to deliberately reduce the relationship between the couple to a basic sexual power struggle, while also creating ‘a grotesque elaboration of the misogynist fear of the “natural” urges of womankind that pervades the film’ (Hering, n.p.).

A common criticism of von Trier’s work in general and *Antichrist* in particular is that it is misogynist – that von Trier perpetuates “a patriarchal view of femininity as irrevocably “other”” (Bainbridge, 2007: 138). It is natural to assume that for a film in which a woman goes through intense violence, whether self-inflicted or not, the filmmaker is misogynistic. However, this is too simplistic an argument against *Antichrist*, not only because the violence in the film is not one-directional but because the violence that is perpetrated on Her does not exist within a straightforward narrative of spousal abuse, but is related to the complex traumatic guilt of parents who have lost a child and in doing so, uncover deeper rifts within

the marriage. Furthermore, the woman's overt sexuality turns the tables on the typically held view of female sexuality in an androcentric society. Indeed, Caroline Bainbridge suggests that, 'von Trier's work can thus be seen to draw attention to the way femininity often exceeds the boundaries imposed on it by patriarchal systems' (2007: 138). Andrea Dworkin famously stated that, 'the paradigm for sex has been one of conquest, possession, and violation' (1995: n.p.); in *Antichrist*, She shifts the paradigm and becomes the sexual aggressor. This is not to say that a female sexual aggressor automatically means a film cannot be misogynist but that this categorisation is far too simplistic because von Trier's work is not a naïve reiteration of patriarchal sexual power structures. With this in mind, I concentrate on the traumatic reactions of the woman, especially her clitoridectomy, and what this means for a traumatic reading of the film.

On first viewing, it becomes immediately apparent that the woman's traumatic grief can be easily read in the light of Freud's 1917 work 'Mourning and Melancholia'. Freud distinguishes two reactions to grief: mourning 'is regularly the reaction to the loss of a loved person, or to the loss of some abstraction which has taken the place of one, such as one's country, liberty, an ideal, and so on' (Freud, 2002: 248). In comparison, Freud defines melancholia as being the result of an unhealthy work of mourning: 'the patient allows the loss to absorb him entirely [...] He vilifies himself and expects to be cast out and punished' (2002: 245). With only these two short definitions to work with, we can instantly recognise the woman's experience of grief as belonging to the category of unhealthy melancholia. Her grief transcends typical:

In mourning we found that the inhibition and loss of interest are fully accounted for by the work of mourning in which the ego is absorbed. In melancholia, the unknown loss will result in a similar internal work and will therefore be responsible for the melancholic inhibition. The difference is that the inhibition of the melancholic seems puzzling to us because we cannot see what it is that is absorbing him so entirely. The melancholic displays something else besides which is lacking in mourning – an extraordinary diminution in his self-regard, an impoverishment of his ego on a grand scale (Freud, 2002: 244-245).

Freud goes on to say that to the melancholic's symptoms are added 'sleeplessness and refusal to take nourishment, and—what is psychologically very remarkable—by an overcoming of the instinct which compels every living thing to cling to life' (2002: 246). After the funeral She actively disengages with 'clinging to life' and is hospitalised. The following interchange shows the depth of her disengagement:

He: How are you?

She: Didn't we just talk about that?

He: That was yesterday. Today is Tuesday.

She: So I've been here long?

He: A month.

She: Wayne says that my grief pattern is atypical.

He: I think he gives you too much medication, way too much.

She: Stop it, please. Trust others to be smarter than you.

He: He's straight out of medical school, he don't know what he's doing. I've treated ten times as many patients as he has.

She: But you're not a doctor.

He: No, I'm not. And I'm proud that I'm not when I meet a doctor like him. There is nothing atypical about your grief. (Antichrist, 2009)

This is the first conversation of the film. Immediately the viewer is made to understand two things: first that She is grieving in a way that is atypical and unhealthy and secondly that He is an incredibly controlling spouse who finds it nearly impossible to relinquish control in any area. Though He may feel his 'meddling' is helping, his interaction with his wife smacks of 'gaslighting', a type of abuse wherein the abuser (knowingly or unknowingly) convinces the victim that their perception of reality is distorted. However, this is by no means a straightforward narrative of abuse. In 'Making Waves: Trauma and Ethics in the Work of Lars von Trier', Bainbridge suggests that von Trier's film enable a 'critical interrogation of the ambiguities and ambivalences around [any binary formation] of good and evil' (quoted in Zolkos, 2011: 179). He may well be neglectful and controlling to the point of potential abuse, but She is not blameless. At first her statement that she knew her son was able to get out of his cot and walk around seems to be rooted in grief and the need to find blame, even within herself, for the death. However, it becomes apparent that she was routinely forcing his shoes onto the wrong feet, causing the child's feet to become damaged and deformed. At best, she is an ambivalent mother. Paula Quigley situates *Antichrist* (along with many other films by von Trier, including *Breaking the Waves* and *Dancer in the Dark*) with a catalogue of women's films, specifically films of 'maternal melodrama':

Antichrist is concerned with maternal loss; however, the sleight of hand that the film performs is to identify the grieving mother as the architect of her own annihilation. This is achieved by segueing from the terrain of the maternal melodrama to its inverse, the dark and dangerous realm of the 'monstrous feminine' [see Creed, 1993] (2012: 165).

Quigley goes on to suggest that, in the maternal melodrama, femininity is

condensed into the image of the de-sexualized mother who claims self-sacrifice as her right and through the exercise of her inherently destructive capacity for love ensures the perpetuation of this cycle. (2012: 167).

In *Antichrist*, however, the mother is re-sexualised and it is not herself she sacrifices but her child. This negation of the typical maternal drive to protect the child at all costs makes her a monster before the main action of the film has a chance to occur. Though both parents refuse the typical parental role, She is far more monstrous than He; the onus for parenting weighs heavier on the mother than the father and we are able to forgive his distance from his family by the very nature of his gender. The grief she experiences is atypical because it is tinged with guilt – not a guilt of the ‘I should have done XY or Z’ type that we often witness following a traumatic loss, but guilt that is tied to very real abuse that the child suffered at her hands.

In the aftermath of her son’s death, She develops a desperate need to have sex with He, pressuring him into intercourse regularly and with gusto. Though he believes this is unhealthy and thus to be discouraged, she is persistent. The desperate desire to engage in intercourse has a two-fold psychological reading. On a basic level she desires contact and closeness that is achieved at ultimate ‘level’ in the act of sex. However, there is more at play here. The couple were having sex when their son died and so, in demanding equally passionate sex, She is recreating a moment before his death. It is in remembering the loss that one finds the crux of a traumatic loss; in attempting to return to the pre-death time, she can remove herself from her reality and place herself in a situation where she knows her son is alive. There is a resonance here with Freud’s analysis of the ‘dream of the burning boy’:

A father had been watching day and night beside the sick-bed of his child. After the child died, he retired to rest in an adjoining room, but left the door ajar so that he could look from his room into the next, where the child's body lay surrounded by tall candles. An old man, who had been installed as a watcher, sat beside the body, murmuring prayers. After sleeping for a few hours the father dreamed that the child was standing by his bed, clasping his arm and crying reproachfully: "Father, don't you see that I am burning?" The father woke up and noticed a bright light coming from the adjoining room. Rushing in, he found that the old man had fallen asleep, and the sheets and one arm of the beloved boy were burnt by a fallen candle. (Freud, 1991: 652)

Jacques Lacan writes that ‘awakening [from dreams] is itself the site of a trauma’ (1977: 25). For Lacan (and also for Caruth), it is the act of waking that is the key to this dream. While in

the dream, the father remains with the child in an ideal state – he sees his child as alive. The act of awakening represents

the inevitability of responding [...] awakening to the survival of the child that is now only a corpse [...] the father, who would have stayed inside the dream to see his child alive once more, is commanded by the same child to leave the dream and awaken [...] To awaken is thus to bear the imperative to survive (Caruth, 1996: 105).

Awakening, then, repeats the trauma. The father sees his son alive in a dream but must awaken to the traumatic realisation that his son is dead. The action of opening one's eyes reopens the traumatic wound. In the case of She in *Antichrist* sex replaces sleep: she escapes into the act of sex as a way of resurrecting her son, just as for the father of the 'burning boy', sleep is the escape.

Her rampant need for sex is an example of what I wish to deem 'traumatic location'. The trauma of losing a child is rooted in motherhood and the complex emotional education that entails. However, in a more literal sense the creation of a child is rooted in the genitals at all stages: conception, gestation and birth. In demanding increasingly-rough sex, She is relocating her trauma in the place from where it originated. The act of sex and the normal function of the genitals created her child; the act of sex is, in her mind, the reason for his death – not only because sex created him but it was during a passionate lovemaking session that the child died. Once again, trauma is bound up with the female genitals. In terms of Freudian trauma studies, we can read the woman's sexual voracity in terms of the repetition compulsion. Freud writes that the traumatised individual 'does not remember anything of what he has forgotten and repressed, he acts it out, without, of course, knowing that he is repeating it' (2001b: 150). The individual is compelled to repeat events and actions related to the original trauma without full comprehension of why they are doing so; often, the repetition compulsion is most noted in dreams and flashbacks. Freud adds that this repetition is truly compulsive, writing that; 'no lesson has been learnt from the old experience of these activities [...] they are repeated, under pressure of a compulsion' (2003: 290). The woman's desperate need to engage in intercourse is a compulsion that is repeated throughout the film.

The clitoridectomy scene can be read in terms of both the repetition compulsion and traumatic location. Prior to this scene, She mutilated her husband and attempted to bury him alive. He survives and, in this scene, they fight. It is at this point that we learn that She watched her son climb up to the window but did nothing to stop him from falling to his death. The scene culminates in her taking a pair of rusty scissors and snipping off her clitoris. This

act is graphically presented, with the image of her genitals filling the screen in a full-frontal shot. The clitoris is the seat of female sexual pleasure. If She believes that her sexual desire is the reason for her son's death, thus locating that traumatic event in her genitals, then it makes sense that she sees the removal of the clitoris as a necessary act in this traumatic location. The act is not only the ultimate traumatic location but also an attempt to punish herself at the site of the trauma itself. In creating a wound in the place of trauma, She is not only endeavouring to create a physical sign that gives legitimacy to the psychic pain (as is often thought to be the case in self-injurious behaviour) but instead she is locating the trauma on the body. Her actions declare that this now-mutilated organ is the root of the traumatic experience; the action of mutilation both separates the organ from herself and seeks to punish this renegade loci of traumatic feeling.

The clitoridectomy is a final act of raw desperation in which She attempts to curtain the repetitive compulsion to engage in intercourse with her husband. We typically think of the activities of the repetition compulsion as something excessively negative – an activity which damages the individual. Although the act does not cause physical damage, we can clearly see the psychological damage that She is committing on her own body in this repetitive lovemaking because it becomes an act that replaces the work of mourning, what Dominick LaCapra calls 'working through trauma', which he describes as 'an articulatory process [...] one is able to distinguish between past and present and to recall in memory that something happened to one (or one's people) back then while realising that one is living here and now with openings to the future' (2001: 22). The clitoridectomy attempts to halt the repetition compulsion. In removing the organ of sexual desire, she hopes to stem the compulsion to engage in the act. The removal of the clitoris does not always necessarily remove sexual desire but in the case of She, it does begin a chain of events that bring about her death. He eventually strangles his wife to death and burns her body on a funeral pyre. In her death, she receives the desired end to the repetition compulsion. This is the only possible outcome. Her self-mutilation creates a physical wound that does nothing to 'cure' the trauma; it is an action of separation. This is not an act of healing or of 'working through'. She ultimately allows the traumatic wound to consume her. Rather than being an outlet for psychic pain – a misguided attempt to purge the body of a traumatic grief and guilt – the wound is a symbol of her psychological decline, the final act of grief-induced madness that leads her husband to strangle her to death.

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