Abstract

Although they cannot remember their traumatic past, the characters in Pat Barker’s Regeneration, witnesses of the First World War, keep replaying it unconsciously. In order to free themselves from their traumatic memory, and be able to go back to combat, they nonetheless have to relate this experience of the past. In a medical and warlike context, testimony is at once a cure and a poison: required to free them from a traumatic past, it leads to healing but also to the front, the initial cause of the trauma. The witness is therefore forced to testify against himself. This article examines the crisis of testimony by showing that testimony in Barker tends to intensify the trauma, pointing out the limits of its attributed powers in connection with the treatment of a traumatic memory.

Résumé

S’ils ne peuvent se souvenir de leur passé traumatisant, les personnages de Regeneration de Pat Barker, témoins de la Première Guerre mondiale, ne cessent de le rejouer inconsciemment. Afin de se libérer de leur mémoire traumatique, et pouvoir ainsi retourner au combat, ils sont pourtant tenus de raconter ce passé. Dans ce contexte médical et guerrier, le témoignage s’avère être à la fois remède et poison : nécessaire à la libération d’un passé traumatisant, il mène à la guérison mais aussi à un retour sur le front, source première du trauma. Le témoin est donc contraint de témoigner contre lui-même. Cet article examine cette mise en crise du témoignage en montrant que, chez Barker, le témoignage tend à amplifier le trauma, marquant les limites des pouvoirs qui lui sont attribués dans le traitement d’une mémoire traumatique.

Pour citer cet article:

“YOU MUST SPEAK…”:
CRISIS OF TESTIMONY AND POLITICS OF MEMORY
IN PAT BARKER’S REGENERATION TRILOGY

Until the British writer Pat Barker published her award-winning Regeneration trilogy (1991-1995), she was often labelled a “social realist” and “feminist” author, preoccupied mainly with working-class culture and women’s life in former industrial areas in Northern England, and her work was consequently often dismissed as old-fashioned and too “regional” to be of importance. The trilogy, recognized as a major contribution to the literature of war, owned Barker critical attention and acclaim, and she is now recognised as one of the most important British novelists of the late twentieth and into the twenty-first century. If the general context of continuing interest in historical fiction, and especially in First World War narratives, was certainly in her favour, it is Barker’s careful blend of history and fiction, her bold experimentation with a well-known subject, as well as her ambitious examination of social and political processes that account for her remarkable success.

Barker’s originality in the trilogy partly lies in the fact that she delays the direct descriptions of the battlefield until the very last chapter of the final volume. Until then, the reader only accesses the war indirectly, through the fragmented battle memories and testimonies of shell-shocked veterans cured in Britain while the war is still going on. Barker thus primarily examines the Home Front and the soldiers’ inner conflicts between their painful memories and the demands of a society at war. As Greg Harris puts it, “Pat Barker’s work focuses not on the shells that exploded on the battlefield as much as on the men who imploded under the strains of living up to ‘manly’ ideals of self-control in the face of the senseless slaughter of trench warfare”. The soldiers’ traumas and dilemmas are presented mainly in their the-

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2 Regeneration was nominated as one of the four best novels of 1991 in the New York Review of Books; The Eye in the Door won the 1993 Guardian Fiction Prize, and The Ghost Road was awarded the prestigious Booker Prize in 1995.

3 The recent years have seen a renewal of interest in the First World War, both in the academic and public spheres. First World War studies have never been as dynamic as they are today, and there has recently been a flourishing of novels dedicated to the Great War, including J. L. Carr, A Month in the Country (1980); Richard Burns, A Dance for the Moon (1986); Sebastian Faulks, Birdsong (1993); Helen Dunmore, Zennor in Darkness (1993); Robert Edric, In Desolate Heaven (1997); Jane Thynne, Patrimony (1997); and Adam Thorpe, Nineteen Twenty-One (2001). On the vitality of First World War studies, see Jenny MacLeod and Pierre Purseigle (eds.), Uncovered Fields: Perspectives in First World War Studies, Leiden and Boston, Brill, 2004.

apy sessions with the military psychoanalyst, Dr. Rivers. Barker’s Rivers, the main viewpoint character of the trilogy, is largely inspired by the eponymous, real-life Dr. W. H. R. Rivers, a multifaceted and complex scholar who made important contributions to the fields of neurology, psychoanalysis and anthropology. The present article looks at the way Barker draws on the various aspects of Rivers’s research career to trace the sources of trauma and examine the power of external (i.e. social, cultural, and political) forces that come to bear upon, and shape, individual history. Barker concerns herself primarily with the question of healing and recovery and asks whether regeneration is attainable after a conflict of such unimaginable magnitude. She especially looks at the ethical and political aspects of trauma and its cure based on testimony, an interrogation that ultimately puts into question the power and role of narrative to represent and speak the trauma of war.

**Haunted and Haunting Bodies**

Barker’s Rivers is confronted with a whole array of young men who come back apparently uninjured from the battlefield, but who suffer from a variety of psychosomatic symptoms which Rivers, as an army therapist, is asked to cure. The veterans are literally haunted by their experiences of war, which insistently come back in the form of flashbacks, nightmares, hallucinations, or compulsive behaviours to disrupt their present. They continually and unwillingly re-enact the past of the war, instead of remembering it as an event that took place in the past. In medical terms, Pat Barker’s soldiers suffer from a pathology that was first discovered during the First World War and then called “shell shock,” and is now termed “post-traumatic stress disorder” (PTSD). The leading trauma theorist Cathy Caruth defines PTSD as

>a response, sometimes delayed, to an overwhelming event or events, which takes the form of repeated, intrusive hallucinations, dreams, thoughts or behaviors stemming from the event, along with numbing that may have begun during or after the experience, and possibly also increased arousal to (and avoidance of) stimuli recalling the event.\(^5\)

This pathology, Caruth adds, cannot be defined by the traumatic event itself, nor in terms of a distortion of the event. Rather, it is to be found in the reception, in the structure of the traumatising event that was not completely assimilated as it occurred and comes back in a repeated form to haunt the subject. To be traumatized is thus to be *possessed* by one’s own past. The latter reappears against the will of the subject in a literal form. Despite the precision and accuracy of the repeated traumatic images, which are truly faithful to what happened, the past remains inaccessible to conscious recall and control\(^6\). The precise return of the event is paradoxically accompanied by a certain form of amnesia: the insistent return of

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\(^6\) *Ibid*, pp. 5-6.
the past prevents a full comprehension and integration into consciousness. The subject does not truly remember the past but, as Dominick LaCapra puts it, s/he acts it out.

For Barker’s traumatized veterans, time and space have thus become profoundly unstable categories. These men live in a different temporal and spatial world, a world in which the distinctions between now and then, here and there, have collapsed. The geographical frontiers that delineate the area of battle have been abolished and the initial space of war has expanded and spread everywhere: the Scottish countryside and the English coast resemble the muddy battlefields under heavy rain; the empty corridors of a hospital are “like a trench without the sky” (R 17), and the landing of a prison is similar to the landscape of no-man’s land, “apparently devoid of life,” but “actually containing millions of men” (R 223); a brick field in Salford dug by boys playing at war turns into a trench; and the streets in London recall the network of trenches, “that other city, the unimaginable labyrinth” (ED 193). Time is similarly out of joint: for Rivers’s patients, as Jay Winter puts it, “the clock doesn’t move in a familiar way; at times its hands are set at a particular moment in wartime, a moment which may fade away, or may return, unintentionally triggered by a seemingly innocuous set of circumstances.” The veterans’ experience of time is durational rather than chronological, and they continue to experience the horrors of the war through internal shifts back in time and space. The war is dislocated from history, reappearing in the present against the will and control of the subject. For these men, to use Paul Fussell’s words, the war has become “Great” in another sense of the term: it has “detached itself from its normal location in chronology and its accepted set of causes and effects,” and has become “all-encompassing, all-pervading, both internal and external at once.”

In Barker’s trilogy, the “impossible history” of the Great War is not to be possessed and owned by those who have experienced it, but is instead relived and experienced as a haunting presence. The figure of the ghost, which features prominently in the trilogy, powerfully symbolizes the disjunction of time and space after the traumatic experience of war. The trilogy, Anne Whitehead has noted, can be read as a revision of the literary genre of the ghost story, in which the spectres that haunt the soldiers represent a form of psychological possession. The traumatized veterans are especially haunted by the spectral bodies and the eviscerated human flesh of the past. In *Regeneration*, Siegfried Sassoon sees decaying corpses, “with half their faces shot off,” lying in the streets of London (R 12), and is visited in his hospital room by the ghost of a young soldier, Orme, who had been killed in action six months earlier (R 188). Billy Prior is possessed by the image of the disembodied eye that he held in his hand while in the trenches, and in *The Eye in the*
Door, he splits into two personalities and becomes his own ghost, his demonic alter ego performing the despicable tasks which he cannot accomplish in his “normal” state. Prior’s other self even pays a visit to Rivers, testifying to the reality of the resurgence of the past in the present. In The Ghost Road, Wansbeck is chased by the image of the German prisoner whom he murdered. In that final volume, Rivers joins his patients on the “ghost road” as he is himself subjected to the reappearance of the past and is visited by his own ghosts, returned from his childhood and his time as an anthropologist in Melanesia.

The temporal and spatial disruptions of trauma are primarily experienced through the body in Barker’s trilogy. The dismembered and shattered bodies of the war, powerfully evoked throughout the trilogy, come back to haunt the undamaged bodies of those who continue to see and live what they have witnessed and endured. Unable to integrate the torn flesh of the past, the veterans re-member the past viscerally, through a variety of psychosomatic symptoms. Some soldiers relive their battlefield experiences in terrifying dreams and awake again in a sweat; others continue to smell decaying flesh long after they have been removed from the front line, or vomit at the thought of rotting bodies; some faint whenever they are placed in a situation that resembles battle; others, still, suffer from hysterical mutism, blindness, or paralysis.

In Barker’s trilogy, memory is thus “embodied”: the veteran’s body acts as a container of the past, a site of memory which tells the story of the war. To use Jay Winter’s words again, the shell-shocked body becomes “a theatre of memory out of control”. When soldiers cannot put words onto their trench experience, their contracted, paralysed, or haunted bodies bear witness to history’s traumas and perform something about their war experiences, such as a veteran in Regeneration who survived the bloodiest battles of the Western Front – “Mons, the Marne, Aisne, first and second Ypres, Hill 60, Neuve-Chapelle, Loos, Armentières, the Somme and Arras” (R 226) –, but came back with a severe form of shell shock:

A creature – it hardly resembled a man – crawled through the door and began moving towards him. The figure made remarkably rapid progress for somebody so bent, so apparently deformed. His head was twisted to one side, and drawn back, the spine bent so that the chest was parallel with the legs, which themselves were bent at the knees. In addition one arm, the left, was pulled away from the body and contracted. (R 223)

The body of the shell-shocked soldier concentrates the whole war in its involuntary movements, contractures, and deformities. In the Bakhtinian terminology, the shell-shocked body emerges as a “chronotope,” or “space-time,” a category of form and content that gives expression to the indissolubility of space and time.

In “Embodying Losses in Pat Barker’s Regeneration Trilogy” (in Critique 46 (4), Summer 2005, pp. 307-319), Patricia E. Johnson examines Barker’s powerful evocation of the damaged bodies of the war and shows how the author “realiz[es] modern warfare by reconnecting language and material substance” (p. 308).

For a discussion of embodied memory, see Jay Winter, op. cit., pp. 55-61.

Jay Winter, op. cit., p. 57.

On the chronotope, see Mikhail Bakhtin, Esthétique et théorie du roman, Paris, Gallimard, 1978, ch. 3.
According to Bakhtin, a chronotope fuses temporal and spatial elements to create an intelligible and concrete whole. In Barker's trilogy, history is repeated and remembered viscerally, through the haunted body: the disrupted time and traumatized history of the war takes on flesh and blood, becomes visible and concrete, in the space of the body, which is itself inevitably drawn back and “caught in the flux of [traumatic] time.”

In order to free his shell-shocked patients from the ghosts of the war and help them to escape from trauma time, Rivers offers them a Freudian therapy based on the verbalisation and narration of the past, a “talking cure” that will allow them, in LaCapra’s words, to work over and through their trauma. Psychoanalytical theory argues that the inexorable return of an overwhelming past is due to the inability of the witness to fully register and integrate the event at the time of its historical occurrence. Trauma survivors continue to live with an event “that could not and did not proceed through to its completion, has no ending, attained no closure, and therefore, as far as its survivors are concerned, continues into the present and is current in every respect.” The narration of the event gives it a beginning and an end, and thus allows it to achieve closure. Because it takes place before a witness, the narration of the past in the therapeutic session becomes a testimony, enabled by the very presence of the listener to trauma. As a psychoanalyst, Rivers is the empathic listener who helps his patients to bear witness, to testify to the horrors that they have experienced, and thus to transform their traumatic memory, i.e. the non-verbal memory of the body, into narrative memory.

However vital for the trauma survivor, Rivers is forced to acknowledge that testifying is extremely difficult and painful, if not impossible, for the witness, who has to overcome various obstacles on the road to recovery. Firstly, to use Van der Kolk’s terms, Rivers’s patients experience “speechless terror.” They are reluctant to testify before a judge or court, either metaphorically or literally (for a definition of testimony, see Shoshana Felman, “In an Era of Testimony: Claude Lanzmann’s Shoah,” in Yale French Studies. Fifty Years of Yale French Studies: a Commemorative Anthology, Part II 1980-1998 97, 2000, p. 105). On the role of the listener to trauma, see Dorit Laub, op. cit., pp. 57-74.

A testimony is the narrative account of a witness, who has seen something with his own eyes and commits himself, as in an oath, to tell the truth about the past, or what he believes to be the truth. As such, a testimony is a unique and irreplaceable narrative, for no one can testify for the witness. In addition, a testimony is a performative act of speech: it can only take place in the presence of a listener, for one always testifies before a judge or court, either metaphorically or literally (for a definition of testimony, see Shoshana Felman, “In an Era of Testimony: Claude Lanzmann’s Shoah,” in Yale French Studies. Fifty Years of Yale French Studies: a Commemorative Anthology, Part II 1980-1998 97, 2000, p. 105). The role of the listener to trauma, see Dorit Laub, op. cit., pp. 57-74.

Jacques Derrida suggests in “Poétique et politique du témoignage” that a testimony is not necessarily discursive: “It [i.e. a testimony] is sometimes silent. It has to engage something of the body that does not have the right to speak. Therefore, one should not say, or believe, that a testimony is fully discursive, that it takes the form of language in each of its parts” (in Cahier de l’Herne “Derrida,” Paris, L’Herne, 2004, p. 528; our translation).

Quoted in Bessel Van der Kolk and Onno Van der Hart, “The Intrusive Past: The Flexibility of Memory and the Engraving of Trauma,” in Cathy Caruth (ed.), Trauma: Explorations
to tell their story because they find that language is not powerful enough to convey the true meaning of their experience – as Billy Prior puts it, “there [are] no words” (R 44), one would need “another language” to describe “the sound of a bombardment or the buzzing of flies on a hot August day on the Somme” (GR 198). Moreover, the truth of the traumatic event resides, as Cathy Caruth has pointed out, not in the violence of its experience but in its sheer incomprehensibility: “It’s … ungraspable,” as one of Rivers’s patients simply puts it (ED 168). Transforming it into a coherent story therefore means betraying its truth by giving it meaning. Giving testimony is thus necessary but impossible, for the medium necessarily dilutes and betrays the truth of the past.

Secondly, Rivers is very much aware that, in asking his patients to speak and word their emotions and anguish, he compels them to discard their whole education as men. The trilogy shows how the war, rather than putting an end to the Victorian gender code, exacerbates traditional notions of masculinity and femininity, pressuring individuals to conform to these social and gender prescriptions. Trauma, Barker suggests, is a by-product of the hyper-masculine expectations of war. Relying on Elaine Showalter’s feminist discussion of shell shock, Barker locates the original source of the soldiers’ war neuroses not so much in the traumatizing experiences of the front – even if the latter of course act as powerful triggers – as in the oppressions and restrictions of the gender system, which defines masculinity as the repression of emotions and thus exacerbates internal conflicts and trauma:

In leading his patients to understand that breakdown was nothing to be ashamed of, that horror and fear were inevitable responses to the trauma of war and were better acknowledged than suppressed, that feelings of tenderness for other men were natural and right, that tears were an acceptable and helpful part of grieving, he was setting himself against the whole tenor of their upbringing. They’d been trained to identify emotional repression as the essence of manliness. Men who broke down, or cried, or admitted to feeling tears, were sissies, weaklings, failures. Not men. And yet he himself was a product of the same system, even perhaps a rather extreme product. Certainly the rigorous repression of emotion and desire had been the constant theme of his adult life. In advising young patients to abandon the attempt at repression and to let themselves feel the pity and terror their war experience inevitably evoked, he was excavating the ground he stood on. (R 48)

Rivers’s patients are thus caught in an intense private dilemma between the need to recover from the pain of war and the need to protect their sense of belonging and identity as members of British society and culture, whose demands of duty and masculine heroism are incompatible with their instinct of self-preserva—

\[Memory, \text{op. cit., p. 172.}\]


25 In her “Author’s Note,” Barker cites Elaine Showalter’s \textit{The Female Malady: Madness and English Culture, 1830-1980}, Harmondsworth, Penguin, 1987, as one of her sources.
tion. In voicing their fears, they enhance their chances of recovery, but also threaten their identity as men. The dilemma that the witness of war has to face is even greater, for his testimony inevitably turns against himself and his own interests in this specific context of a therapy in times of war. Indeed, the talking cure does not simply aim at freeing the soldiers from their emotional and physical sufferings, but seeks to make them fit for combat again. Testimony is thus both vital and potentially deadly for the witness, for in telling his story of the past, he runs the risk of recovery and his subsequent immediate return to the front. Rivers is very much aware of the schizophrenic situation in which his patients find themselves, and of his own ambivalent role, as an army psychologist, in sending these young men back to the very situation that caused their breakdowns. As he himself puts it, “[n]ormally a cure implies that the patient will no longer engage in behaviour that is clearly self-destructive. But in present circumstances, recovery meant the resumption of activities that were not merely self-destructive but positively suicidal” (R 238).

Barker’s trilogy thus registers a crisis of testimony, which turns out to be both remedy and poison for the witness, required to testify against himself and his own interests. This crisis of testimony is evident at the level of plot, but finds further expression in the trilogy at a more symbolic level, through the images of the eye and the mouth, the two organs essential to the witness. As pointed out by John Brannigan, Barker’s trilogy abounds in images connected to visibility and vocality, to vision and speech: Rivers’s patients are all haunted by what they have seen and mostly suffer from visual disorders, such as hallucinations, flash-backs and terrifying nightmares, and from verbal disorders, such as mutism and stammering. The bodily images of eyes and mouths come to represent the personal dilemma of the witness, caught between conflicting and irreconcilable needs.

In the first novel of the trilogy, *Regeneration*, the images of eyes and mouths first figure the trauma of the witness and his attempts at verbally translating in a comprehensible form what his body is trying to say. The novel especially abounds in images of clenched, silent, mute, stammering, twisted, or screaming mouths. Therapeutic sessions are usually punctuated by numerous silences and long pauses (see, for instance, R 11-14); veterans awake from their horrific battle nightmares screaming and terrorized; and most of Rivers’s patients suffer either from mutism or from a stammer when they return from the front, speech disorders which the

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27 I am indebted here to John Brannigan, who was the first to highlight the importance of the images of the eye and the mouth in the *Regeneration* trilogy in his article “Pat Barker’s *Regeneration* Trilogy: History and the Hauntological Imagination,” in Richard J. Lane, Rod Mengham, and Philip TeW (eds.), *op. cit.*, pp. 13-26. In his convincing article, Brannigan argues that Barker “examines figures of psychic disturbance […] as signs of crisis in scientific […] modes of knowledge” (p. 15) and “represents the crisis for modern rationality principally through conflicting modes of visibility and vocality” (p. 17). Throughout this chapter, I examine how the images of the eye and the mouth come to symbolise the crisis of testimony and put into question the political uses and abuses of memory. Brannigan has included a revised version of his article in his book *Pat Barker*, Manchester and New York, Manchester University Press, 2005, ch. 6, pp. 93-121.

novel represents typographically: “D-d-d-do w-w-w-wwwe kn-kn-know w-whwhat’s t-t-t-t-taking s-s-so l-l-long?” (R 207).

The image of the stuttering or mute mouth illustrates the need to testify and its impossibility most clearly. A stammer is both the sign of a powerful desire to speak, but also to protect the special force and truth of the event from the distortions inherent to narration, and to keep one’s experience for oneself. It is the symptom par excellence of a traumatic memory: it contains the repetition, the excess and the incomprehensible chaos inherent to trauma, and it manifests both the desire and the incapability to speak. Caught between the impossibility to speak, and the impossibility not to speak, the witness can only stammer.

*Regeneration* contains one particularly powerful scene which represents the personal dilemma of the witness most clearly. In that specific scene, Billy Prior, one of Rivers’s shell-shocked officers come back from the front partially amnesic, recovers his lost memory through hypnosis. It turns out that after the explosion of a bomb in a trench on the French front, Prior found nothing of his friend Towers but his disembodied eyeball:

Prior […] found himself staring into an eye. Delicately, like somebody selecting a particularly choice morsel from a plate, he put his thumb and forefinger down through the duckboards. His fingers touched the smooth surface and slid before they managed to get a hold. He got it out, transferred it to the palm of his hand, and held it out towards Logan. He could see his hand was shaking, but the shaking didn’t seem to have anything to do with him. “What am I supposed to do with this gob-stopper?” (R 103)

Back from the trenches, Prior is totally incapable of talking, for his jaw is paralyzed: “a numbness had spread all over the lower half of his face” (R 103). After this dreadful experience, Prior is sent to Rivers to be treated for shell shock, which in his case takes the form of mutism. The disembodied eye, which resembles a gob-stopper – a slang word for a round piece of candy –, has thus literally “stopped” Prior’s “gob” and has effectively rendered him speechless. Unable to integrate, to “swallow” what he has just seen, Prior is condemned to re-enact this traumatic event. He is haunted and tormented by what he has seen, and especially so at night. He is later chased in his dreams by an eyeball, “[h]uge. And alive […] and I knew this time it was going to get me” (ED 133).

The eye thus serves as a powerful symbol of trauma: the image of the past, stored in the eyes of the witness, insistently returns in the form of an eye to haunt the survivor, who cannot recount what he has seen to free himself from this dreadful sight. As emphasized by Rivers himself, the “eye” is the homophone of “I,” ego (ED 75). The eye that Prior held in the palm of his hand and comes back in his dreams represents what Prior has become, a man who has gone through extreme events and is possessed, but also defined, by what he has witnessed and experienced. The eye has become for Prior “a sort of talisman,” a precious object that he

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should forget but to which he sticks as “a reminder of where the deepest loyalties lie” (ED 70 and 266).


In the course of the trilogy, Rivers gradually becomes acutely aware of the rapport de force that prevails between the traumatized soldiers and the military authority, which he, as an army therapist, comes to represent. Rivers is thus forced to consider another, fundamental aspect of the symptoms of trauma, and consequently of his therapeutic methods based on the narration of the past in the form of a testimony. As he himself reflects, speech disorders such as mutism and stammer “spring from a conflict between wanting to say something, and knowing that if you do say it the consequences will be disastrous. So you resolve it by making it physically impossible for yourself to speak” (R 96, emphasis in the original). Symptoms of trauma thus also emerge from a dilemma between the desire to voice one’s opinion and interest, and the knowledge that what one has to say will inevitably be repressed by those in power. Symptoms of trauma, Rivers is forced to conclude, are forms of political dissension and “protest” against the war, expressed in the silent language of the body (R 238).

It is enlightening to examine Barker’s political engagement in her war novels alongside Jenny Edkins’s compelling and provocative Trauma and the Politics of Memory, a book, published some ten years after the trilogy, which examines the connection between trauma, violence, and political community. Defining war as state-organized violence, Edkins argues that war trauma originates in the state and is as such a form of political abuse, comparable to domestic abuse in that both forms of trauma imply a “betrayal of trust” and take place “when the very powers that we are convinced will protect us and give us security [such as parents or states] become our tormentors.” For Edkins, war trauma therefore brings relations of power to the fore and reveals the contingency of the social and political order.

According to Edkins, memories of war trauma challenge structures of power, for they bring into play a notion of time that puts into question the legitimacy of the nation-state. Such memories evolve in a parallel timeframe, different from the accepted notion of linear, chronological time, that of “trauma time.” While linear time is the time associated with the continuance of a widely accepted pattern into which anything that happens finds a place, trauma time creates a disruption of temporality that explodes the certainties of linear time and demands the creation of a new story, one that will fit the unexpected and overwhelming events excluded from the Newtonian conception of time. For Edkins, linear time is a social construction that particularly suits the form of sovereign power, as it helps create the illusion of continuance and naturalness of the nation-state. The latter produces, and is itself produced by, trauma (such as wars, genocides, and famines), but works by concea-

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31 Ibid., p. 4.

32 Ibid., p. xiv.
ling its role in the creation of trauma and by claiming to be a provider – rather than a destroyer – of security. Edkins examines in her book how the nation-state manages to do so, among other things, through practices of memory and commemoration, which help to re-inscribe traumas into a linear state narrative.

Following Edkins, testimonies of trauma survivors such as those of Barker’s veterans are extremely political. They challenge the structures of power and authority, for they reveal the implication of the state in the production of trauma and bring to the fore the inconsistencies of a structure that promises security and safety, but produces coercion and abuse (on the battlefield for instance). Because they live in trauma time rather than in linear time, survivors, in telling their own version of the story and history of the state, threaten the illusion of stability that the state has put into place and therefore need to be prevented from speaking out, to be made politically powerless. For Edkins, the medicalization of survivors combined with the pathologization of war memories is one of the means through which the state disciplines and depoliticizes the witnesses and victims of the trauma it has helped to produce, and thus conceals its own involvement and responsibility in the survivor’s sufferings.

The Regeneration trilogy comes quite close to Edkins’s conclusions about the connection between violence, state, and trauma survivors. It describes the veterans’ symptoms of trauma as forms of political protest against the war. As already indicated, if veterans cannot protest vocally and explicitly, out of masculine shame or out of fear of retaliation from a coercive state, their bodies, turned into sites of traumatic memory, speak for them. The aim of the state, as described in Barker’s trilogy, is to repress the body language of protest and political dissent via the talking cure and other, more violent means, a therapy which will delegitimize and erase the traumatic narrative of war that the body transmits, and replace it with the state’s linear and unproblematic narrative of national heroism and duty. In Barker’s trilogy, the political struggle between the individual and the state is thus primarily fought over the body of the veteran, turned into a battlefield by practices of memory. “In the end,” one character claims, “moral and political truths have to be proved on the body, because this mass of nerve and muscle and blood is what we are” (ED 112, emphasis in the original).

This political oppression and coercion through the body is especially explicit in the scene in which Rivers witnesses the electroshock treatment administered by Dr. Yealland, one of his fellow army therapist, upon Callan, a young shell-shocked soldier suffering, like Rivers’s own patient Billy Prior, from somatic mutism (R 229-233). As noted by John Brannigan, this specific scene revolves primarily around the image of the mouth as a symbol of protest and control. Yealland’s therapeutic method consists in locking himself up in the electroshock room with one of his patients, who will not be allowed to leave the room until he is completely cured. To remove Callan’s symptom, Yealland applies strong electric current to the throat and neck of the young man, who goes through phases of rebellion, exhaustion, and despair and eventually recovers his power of speech, after hours of suffering and humiliation. During the electroshock session, Doctor Yealland repeats to Callan

33 Ibid., p. xv.
34 Ibid., ch. 2 (see esp. the section on the memory of the Vietnam War, pp. 42-54) and ch. 5.
35 John Brannigan, Pat Barker, op. cit., p. 106.
that he must recover his ability to speak – “You must recover your speech at once” (R 227), “You must talk before you leave me” (R 229), “You will not leave me […] until you are talking as well as you ever did” (R 229). Callan has absolutely no say in his treatment, into which he is forced without any consideration of his own views and wishes: “Suggestions are not wanted from you; they are not needed. When the time comes for more electricity, you will be given it whether you want it or not” (R 231). If Callan has to speak again, what he might have to say is utterly irrelevant to the therapist: “You must speak, but I shall not listen to anything you have to say” (R 231, emphasis in the original).

The scene is described so as to evoke the idea of extreme pain and torture inflicted on an innocent body. The whole apparatus of torture, described in Elaine Scarry’s *The Body in Pain*, is present: the world of the tortured patient is reduced to a single room, furnished with the symbols of medical and military power – a chair with straps, a desk and medical files –, left in complete darkness except for a small circle of light around the battery, and locked. The scene revolves around the two elements that are characteristic of torture, viz. the infliction of pain and the interrogation: Callan is asked to speak, and is subjected to extreme pain until he does so. Scarry points out that the interrogation is usually credited with being the motive of torture, but that this is only a “masquerade”. The feigned significance of the interrogation is used to mask the moral fact of inflicting pain. The real motive behind torture, Scarry argues, is to objectify and bestow visibility on the power that inflicts it: “the physical pain is so incontestably real that it seems to confer its quality of ‘incontestable reality’ on that power that has brought it into being.” Torture is thus a “spectacle of power”. In view of Scarry’s analysis, the aim of Yealland’s treatment is therefore less to cure the patient than to make visible, and thus to enforce, the power of the military authority. In making Callan speak, Yealland returns him to what the military authority considers his “true self: a hero of Mons” and thus, in Scarry’s formulation, doubles the voice of the regime since Callan is speaking their words of heroism and duty again (R 232, emphasis in the original).

Rivers is deeply shocked and moved by what he sees in the electroshock room, so much so that his sleep is disturbed by a dreadful nightmare of “an oral rape” the night that follows Yealland’s session:

He was in the electrical room, a pharyngeal electrode in his hand, a man’s open mouth in front of him. He saw the moist, pink interior, the delicately quivering uvula, the yellowish, grainy surface of the tongue, and the tonsils, like great swollen, blue-purple eggs. He slipped the tongue depressor in, and tried to apply the electrode, but the electrode, for some reason, wouldn’t fit. He tried to force it. The man struggled and bucked beneath him, and looking down, he saw the object he was holding was a horse’s bit. He’d already done a lot of damage. The corners of the man’s mouth were raw, flecked with blood and

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37 Ibid., p. 28.

38 Ibid., p. 28.

39 Ibid., p. 27.

40 Ibid., p. 36.
foam, but still he went on, trying to force the bit into the mouth, until a cry from the patient woke him. (R 235-236)

Analyzing his dream, Rivers ponders on the mood of self-accusation that dominates it. The nightmare forces Rivers to admit that his own therapeutic methods are not dissimilar to Yealland’s. As the image of the horse’s bit – “an instrument of control” used on “recalcitrant women in the Middle Ages” and “slaves” (R 238) – suggests, even if Rivers’s treatment is much more human, it does have the same ultimate goal as that of Yealland: “he and Yealland were both in the business of controlling people. Each of them fitted young men back into the role of warrior, a role they had – however unconsciously – rejected” (R 238). More specifically, the mouth imagery of the dream implies that, in curing symptoms of trauma, both therapists in effect silence their patients’ protests:

The dream seemed to be saying, in dream language, don’t flatter yourself. There is no distinction. […] Just as Yealland silenced the unconscious protest of his patients by removing the paralysis, the deafness, the blindness, the muteness that stood between them and the war, so, in an infinitely more gentle way, he silenced his patients; for the stammerings, the nightmares, the tremors, the memory lapses, of officers were just as much unwitting protest as the grosser maladies of the men. (R 238, emphasis in the original)

Rivers then comes to understand the political impact of his patients’ silence – “nothing Callan could say could have been more powerful than his silence” (R 238) –, and of his own therapeutic methods. The silence of the witness and his other symptoms demonstrate and express the “unspeakability” – in the double sense of the word – of what he has been forced by the state to see and endure. Transforming a traumatic, and hence incomprehensible, event into a coherent story necessarily weakens its force and meaning. Paradoxically, in asking his patients to voice their trauma, Rivers therefore does not allow them to speak out, but re-inscribes their fragmented story of horror into a linear narrative that inevitably disempowers them. As noted by John Brannigan, Rivers “responds to [the] ghostly manifestations [of his patients] with an impressive array of psychoanalytic and rational explanations,” perfectly fitting his patients’ ghosts, hallucinations, and nightmares into the smooth narrative of their psychic history. Like Yealland, Rivers overlooks what his patients have to say to fit them back into a role that they have deserted, that of a tool or device that has to be repaired in order to be replaced and used again in the ma-

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41 According to Elaine Showalter, it was believed that shell shock took different forms in officers and regular soldiers: physical symptoms such as paralysis, blindness, deafness and mutism were thought to be more common among the regular soldiers, while officers usually displayed more intellectual symptoms, such as nightmares, hallucinations and depression. Both in the trilogy and in real life, Rivers believed that this discrepancy was due to the fact that officers, who had benefitted from a public-school education, had “a more complex mental life” (R 96), while for regular soldiers, most of whom came from the labouring classes, “illness ha[d] to be physical” (R 96, emphasis in the original). While working at Craiglockhart Hospital, Rivers mainly treated officers. Significantly, Billy Prior is an officer but suffers from mutism, for he is only a “temporary gentleman,” i.e. a working-class officer. Pat Barker is very much influenced in her description of shell shock by Elaine Showalter’s feminist approach to the condition (see Elaine Showalter, “Male Hysteria: W.H.R. Rivers and the Lessons of Shell Shock,” in *The Female Malady*, op. cit., pp. 167-279).

chinery of war. However unwillingly, Rivers is an important part in the structures of authority and an accomplice in the state’s scheme.

Following Jenny Edkins, Rivers thus contributes to the depoliticization of his patients. The stories of his patients, remembered and spoken through the body, challenge the power in place by throwing into relief the inadequacies of the social order, at the source of trauma. They also evoke the possible existence of a political alternative, one which will accommodate trauma time and the voice of the wounded and oppressed. Such stories, however silent or inarticulate, cannot be left to be heard. In pathologizing the (bodily) discourse of the survivor and subjecting him either to electroshock or to a talking cure that will silence the body’s protest, the military authority in effect seeks to render him politically harmless. Recovery, desirable from some points of view, aims at the surrender of any political voice and antagonism through the reinsertion of the survivor into the very structures of power that have caused his suffering.

In Barker’s Regeneration the depoliticization and normalization of the soldier are evident throughout the narrative but are most explicit in the case of Siegfried Sassoon, the famous trench-poet whom the actual Rivers treated for shell shock. The novel begins with Sassoon’s “wilful defiance of the military authority,” a “Soldier’s Declaration” about the deliberate abuse of power by “those” in charge (R 3). The declaration, the reader soon learns, has been read in the House of Commons, which has resulted in Sassoon’s confinement to Craiglockhart Hospital. Such an articulate expression of dissent, coming from a renowned officer, could only be perceived as a threat by the military power, and the new category of “shell shock” comes in handy to discard his political protest as the expression of his alleged strain and nervous breakdown, as the “acting out” of his symptoms. Rivers concedes that Sassoon does not fit easily within the diagnosis category of the shell-shocked, for the poet’s protest is far from irrational. Nonetheless, he sees to it that Sassoon does change his views, or at least overlooks them, and goes back to the front. At the end of the novel, the cure is complete: Sassoon goes back to his men, still believing that the war is fought for evil ends and, this time, with the clear intention of being killed.

In the last pages of the first volume of the trilogy, Rivers bitterly concludes that “in a war nobody is a free agent” (R 238). The second volume, The Eye in the Door, examines how the political coercion and control exercised over the individual soldiers extends to all types of civilian citizens, leaving no one and no social area untouched. In this novel, as its title indicates, the image of the eye dominates and replaces that of the mouth as a symbol of political struggle and oppression. As pointed out by John Brannigan, the dominant image of the novel is the panopticon, a type of prison designed by the English philosopher Jeremy Bentham in the late eighteenth century and studied by Michel Foucault as the metaphor for modern authority and social regulation. The panoptic prison is a model that ensures the

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43 Jenny Edkins, op. cit., p. 9.
44 Ibid., p. 50.
46 John Brannigan, Pat Barker, op. cit., p. 109. The panoptic prison consisted of a ring of cells that was built around a central point of surveillance from which one single guardian could observe all the cells at all times, without being seen. On panopticism, see Michel Foucault, Surveiller et punir: Naissance de la prison, Paris, Gallimard, “Tel,” 1975, pp. 228-264.
automatic functioning of power, for it confers to the warder the eyes of Argus and the power of Big Brother⁴⁷. The panopticon only appears once, early in the novel, when Prior visits a friend who is imprisoned in such a prison (ED 27-41), but as argued by Brannigan, “panopticism pervades the novel as a mode of social control”⁴⁸. The “eye in the door,” painted around the spyhole on the door of the panoptic cell, turns from a witnessing into a voyeuristic eye and comes to stand for general suspicion and constant surveillance, as well as for the pressure to conform exerted over the witness and all his countrymen.

The image of a watching and threatening eye multiplies in the course of this novel of visibility, and many characters have the impression of being under scrutiny. Billy Prior feels watched from the onset of the novel. He feels observed by passers-by, watched by his colleague and subjected to the scrutinizing gaze of his demonic double, which appears in mirrors or in reflections of his face in window panes or puddles. Prior, working as a spy for the Ministry of Munitions, reluctantly becomes one of the numerous “eyes” that form, throughout the novel, a control network. As attested by one of his nightmares in which he stabs a huge eye – an “I” – that tries to get him, Prior hates this part of himself, so much so that he develops a split personality. Other characters also feel under surveillance: Captain Manning feels observed by a cat with “baleful yellow eyes” (ED 18), and more dangerously by a blackmailer who threatens to reveal his homosexuality: “It was like being naked, high up on a ledge, somewhere, in full light, with beneath him only jeering voices and millions of eyes” (ED 26). As pointed out by Brannigan, Rivers is an important part of this “surveillance net” for, as a therapist, he has to observe and examine his patients to give his verdict on their mental state⁴⁹.

Control and the spirit of control intensify throughout the novel. Barker illustrates how the state secures its war agenda by curtailing individual liberties and weakening the opposition of the “enemy within.” Men “of the homogenic persuasion” are arrested for soliciting (ED 47); plays like Oscar Wilde’s Salome are censored by the state; “conchie” and pacifists are under increasing pressure, some being arrested under false motives. Private letters are read, spies sent on missions of investigation, and suspects sent to prison on unsupported evidence⁵⁰. Violent means of control, repression and exclusion are used to quash dissent, and torture is practised upon pacifists and conscientious objectors (see ED 35-36). Not all instruments of control are official. The whole society contributes to the atmosphere of general suspicion and surveillance: “honest” citizens join the “voluntary police” and keep an eye on their neighbours, reporting any suspicious behaviour (ED 5); young women contribute to the war effort by giving out white feathers to “shirkers” – young men out of uniform – as a token of their cowardice⁵¹; others make it their

⁴⁷ Michel Foucault, op. cit., p. 234. Since the prisoner never knows whether he is actually being watched, it induces in him the unpleasant feeling of being constantly monitored; even if the surveillance is discontinuous, it is therefore permanent in its effects.

⁴⁸ John Brannigan, Pat Barker, op. cit., p. 110.

⁴⁹ Ibid., p. 110.

⁵⁰ Barker relies on historical evidence for all the examples of governmental control described in the trilogy.

⁵¹ The “Order of the White Feather,” a British phenomenon, was initiated at the beginning of the war as a means of pressuring able bodied men to enlist. For more details, see http://www.firstworldwar.com/atoz/whitefeathers.htm.
duty to – anonymously – warn homosexuals, pacifists, or suffragettes that they are now under observation and had better get back in line.

“Whose side are you on?” Beattie Roper, a pacifist and former suffragette charged for treason, asks Billy Prior as he visits her in the panoptic prison (ED 41). Barker describes a deeply divided nation, a society at war with itself. Citizens are placed in opposite camps and subjected to processes of normalisation and control that ensure that the state narrative of duty to King and Country dominates. Binary divisions and oppositions, such as normal/abnormal, dangerous/harmless, or patriotic/traitorous, are exacerbated. The reinforcement of the gender code, from the promotion of heroic masculinity to the exclusion of homosexuality and independent femininity, is part of this general disciplinary scheme. What is remarkable is that citizens have internalized that narrative to the extent that they automatically and unquestionably abide, and make sure that all do. Repression is thus both a personal and a social response. Even Rivers’s patients, who have witnessed the violence of the state and the senselessness of the war, find it impossible to continue to question the system and inevitably return to battle. In Foucauldian terms, the citizens are caught up in a power situation and, like the inmates of the panopticon, are themselves the bearers of their own oppression and confinement.

Barker’s trilogy thus shows how the modern state at war places the shell-shocked veteran, but ultimately also all individuals, in a schizophrenic – or “Jekyll and Hyde” – situation. This results in a dissociation of self, which culminates in Billy Prior as a multiple personality disorder. Just as Prior develops another, unfeeling self to commit the deceptions that the army requires of him, Sassoon also turns, to a lesser extent, into two different persons: he is both an extremely good fighter and an anti-war poet. Rivers is subjected to the same dissociation of personality when he acts as a scientist able to inflict moral pain on his patients.

Through his encounters with his patients’ despair and pain, “the sheer extent of the mess,” Rivers is himself “forced into conflict with the authorities over a wide range of issues … medical, military” and comes to share Sassoon’s view that the war is no longer justified (R 249 and 180, emphasis in the original). Rivers feels as “locked in” as his patients by the constraints and oppressions of a pervading and destructive system of political and social control that creates and disseminates trauma-inducing violence (R 238, emphasis in the original). He is torn between his conflicting duties, an ethical and political dilemma which he can no longer disregard.

EXORCISING THE PAST

Throughout the trilogy Rivers endeavours to maintain a balance between what he calls the “epicritic” and the “protopathic” mind, or the rational and emotional self. In the final volume, however, Rivers develops a split personality, his

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52 Michel Foucault, *op. cit.*, pp. 234-235.
53 On Barker’s intertextual play with Stevenson’s novella, see Sheryl Stevenson, “The Uncanny Case of Dr. Rivers and Mr. Prior: Dynamics of Transference in *The Eye in the Door*,” in Sharon Montefith, Margareta Jolly, Nahem Yousaf and Ronald Paul (eds.), *Critical Perspectives on Pat Barker*, Columbia, University of South Carolina Press, 2005, pp. 219-232.
public persona showing a psychoanalyst convinced of his ability to cure his patients from their haunting images, and his private self turning into a vulnerable man, tormented by his past and by his present doubts about his own role in the war. In *The Ghost Road*, Rivers becomes physically ill and is subjected to the same haunting flashbacks that possess his shell-shocked patients. He attempts to trace the sources of his own ghosts and trauma and, as Brannigan points out, becomes in one sense his own patient. Interestingly, Rivers's crisis is also figured by images of eyes and mouths. Like his patients, Rivers was once a witness to a traumatic scene that led him to develop a stammer and suppress his visual memory or, to use Prior's words, "put [his] mind's eye out" (*ED* 139). As a child, he was once forced by his father to stare at a dreadful painting representing bravery in the face of physical pain. He now sees that the "resolutely clenched mouth" of the painting was probably his own "gob-stopper," i.e. the visual shock that caused his developing a stammer, but was also a lesson in manliness, defined as the ability to silence and repress one's emotions (*GR* 96).

Rivers is especially obsessed by his pre-war experience as an anthropologist. The younger Rivers went to the Melanesian islands to study tribal warfare and the superstitions of a primitive and savage people, prevented from performing its barbaric head-hunting rituals by the imperialist power. There, guided by his formidable cultural counterpart, the witch doctor Njiru, Rivers learned how the spirits of dead ancestors are the object of a cult, for they are believed to continue to live within, and influence, the community. Years later, in the midst of a "civilized" war of unprecedented savagery, Rivers finds it increasingly difficult to discard the Melanesian belief in the power of ghosts as mere superstitions, and is forced to acknowledge the conceit and inadequacy of his own belief in the superiority of Western reason and civilisation. Through his "flashes of cross-cultural recognition," Rivers comes to see that the binary divisions, set out by the West, between savagery and civilization, but also between normality and abnormality, madness and sanity, reality and imagination, doctor and patient, or past and present, can no longer hold (*GR* 117). By the end of the trilogy, Rivers no longer finds rational explanations for what he himself sees and experiences, and must admit to the reality of his own spectres.

In the final scene, the image of the eye, used in connection with Rivers, takes on yet another symbolic meaning and comes to stand for the powerful interrogative force that leads Rivers to put into question the conceits of rationality as well as his own, necessarily political involvement in the war effort. Hallet, one of his patients whose face has been considerably damaged by the explosion of a bomb, keeps staring at Rivers with his one remaining eye, crying "Shotvarfet," which Rivers interprets as "It's not worth it" (*GR* 274). Rivers feels "a pressure building in his own throat" to repeat the words of protest of the dying man, which he can no longer dismiss as a mere symptom of trauma (*GR* 274). When Hallet finally dies, Rivers closes "the one eye" only to become the object of scrutiny of Njiru's "piercing hooded eyes," come back from the past to challenge once again Rivers's certainties (*GR* 276). The narrative concludes with Rivers being visited by the "not in any way ghostly" apparition of Njiru, staring into Rivers's face and chanting the words of

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exorcism of the Melanesian spirit Ave, the bringer of warfare and epidemic disease, the “destroyer of peoples” (GR 276 and 268):

_O Sumbi! O Gesese! O Palapoko! O Gorepoko! O you Ngengere at the root of the sky. Go down, depart ye. [...] There is an end of men, an end of chiefs, an end of chieftains’ wives, an end of chiefs’ children – then go down and depart. Do not yearn for us, the fingerless, the crippled, the broken. Go down and depart, oh, oh, oh._ (GR 276, emphasis in the original)

By the end of the trilogy, the linear narrative of duty to the nation, enforced by the state through the rational language of psychoanalysis, has been discarded and replaced by the secret and cryptic language of exorcism. The incantation that closes the novel emerges as the only language and practice of memory capable of speaking trauma without neutralizing it through its re-inscription into a linear narrative. The Melanesian ritual remains true to the nature of the trauma for it retains its specific temporality and inexpressibility. It does not attempt to smooth out trauma time, but embraces the influence of the past over the present and, through its images of broken bodies, acknowledges the signifying power of an embodied testimony to past sufferings.

In relying on the words of the colonized and marginalized other to speak the traumas of the West, Barker contributes to rethinking the ethics and politics of historical representation. The trilogy calls for a historical narrative of war that will not elide difference or silence dissenting voices, one that will both be historically accurate and attend to the repetitive structures of trauma. World War One, in its magnitude and unprecedented violence, has thrown into relief the ethical and political impossibility of any smooth narrative of war. For Barker, ghosts cannot and should not be explained away; there always remains an excess that should not be reduced to a teleological, closed story and demands a certain openness to the impossibility of closure and definitive answers. To deny that aspect of the past amounts to denying and erasing the survivors’ trauma and experiences, Barker suggests.

The will to attend to the survivor’s voice and experience of trauma time explains why the trilogy adopts at times a mythical approach to history and describes the Great War as the ghostly resurgence of past wars, and the herald of wars still to come. In _Regeneration_ for instance, Sassoon and Owen discuss their experience of the trenches and speak of war as a cyclical and repetitive event that defies temporal boundaries, and is as such ahistorical and mythical:

[Owen:] Sometimes when you’re alone, in the trenches, I mean, at night you get the sense of something ancient. As if the trenches had always been there. You know one trench we held, it had skulls in the side. You looked back along and … Like mushrooms. And do you know, it was actually easier to believe they were from Marlborough’s army than to to think they’d been alive two years ago. It’s as if all other wars had somehow … distilled themselves into this war, and that makes it something you … almost can’t challenge.

[...]  

[Sassoon:] I was going up with the rations one night and I saw the limbers against the skyline, and the flares going up. What you see every night. Only I
seemed to be seeing it from the future. A hundred years from now they’ll still
be ploughing up skulls. And I seemed to be in that time and looking back. I
think I saw our ghosts. (R 83-84, emphasis in the original)

The Melanesian cemeteries, with their “stone ghosts” erected in the memory
of the men “who died and whose bodies could not be brought home,” uncannily
announce the catastrophe of the Great War and the military cemeteries and memo-
rals that were to commemorate the soldiers “Known unto God” (GR 207). The
Holocaust is also obliquely referred to by a scene set in a hospital tent, popula-
ted by “shadowy figures” and erected next to “the tall chimney of an incinerator
dribbling brownish-yellow smoke” (R 159-160).

The recourse to myth here reveals the modern condition after the traumas
of the Great War and the wars that followed it. As John Brannigan puts it, Barker’s
novels suggest that “the excess of memory and history experienced by Rivers’s pa-
tients is also […] the prototypical temporal condition of the twentieth century”55.
History after such horrors necessarily leaves something that cannot be spoken and
forms part of the twentieth- and twenty-first-century sense of time. However, Bar-
ker never implies that the cyclical recurrences of war originate in some sort of
disembodied, evil force that would wreak war on the world. Throughout the trilogy,
she demonstrates that the Melanesian spirit Ave, “the destroyer of peoples,” is ulti-
mately borne out of a human will, and reawakened and perpetuated through social
and political structures that induce violence more than they prevent it. Violence and
trauma, Barker suggests, are human-made. The possibility of regeneration therefore
lies within society itself, not in its rational attempts to explain ghosts away, but in the
acceptance of haunting as part of our condition and a dialogue with the spectres of
the past that will “go down and depart” only once the voice of the trauma survivor
has been properly heard.

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55 John Brannigan, Pat Barker, op. cit., p. 117.