

REPRESENTATIONS OF WAR AND TRAUMA IN PAT BARKER'S *REGENERATION*

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ABSTRACT. *Representations of War and Trauma in Pat Barker's Regeneration.*

The *Regeneration* Trilogy focuses on the British soldiers of the Great War who, besides their physical wounds, often suffered from psychic and psychosomatic disorders, more or less disabling. The aim of this article is to discuss how trauma generated neurological and psychic disorders and affected the lives of soldiers, how the doctors of the time attempted to cure them and make them able to return to the frontlines. The article refers mostly to *Regeneration*, the first novel in the sequence.

Keywords: *army, aphasia, neurosis, trauma, treatment, war.*

REZUMAT. *Reprezentări ale războiului și traumei în romanul Regeneration*

de Pat Barker. Principala preocupare a Trilogiei lui Pat Barker sunt soldații britanici din Marele Război care, pe lângă rănilor fizice, au fost afectați adesea de tulburări psihice și psihosomatice, mai mult sau mai puțin incapacitativ. Scopul acestui articol este analiza modului în care traumele au generat tulburări neurologice și psihic, a manierei în care medicii de atunci au încercat să le vindece și să-i facă să se poată întoarce pe front. Articolul se ocupă în principal de *Regeneration*, primul roman din secvență.

Cuvinte cheie: *armată, afazie, nevroză, traumă, tratament, război.*

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Motto: 'I know. I was there. I saw the great void in your soul, and you saw mine.'
(Sebastian Faulks, *Birdsong*)

Pat (Patricia) Barker, the author of the *Regeneration Trilogy*– made up of *Regeneration* (1991), *The Eye in the Door* (1993) and *The Ghost Road* (1995) – is one of those lesser known British novelists awarded with the Booker Prize, after the publication in 1995 of her novel *The Ghost Road*. Based on autobiographical elements – her step-grandfather's wartime experiences– the three novels, a 'historiographic trilogy' (Brannigan 15), offer the reader an interesting blend of history and fiction, an exploration of the nature and archetype of evil and victimhood (Ross 137). They deal with the trauma generated by the war experience of the combatants involved in the First World War. Many events or locations retrieved by the author belong to the historical, factual world– such as the Great War itself, Craiglockhart Hospital in Scotland or the National Hospital in London. So do real-life personalities of the period who appear as novel characters – such as the war writers Siegfried Sassoon, Wilfred Owen and Robert Graves or the anthropologist, neurologist and psychiatrist William H.R. Rivers, a pioneer of the treatments of posttraumatic stress disorder during and after the First World War. Barker herself acknowledged this fact when, in the Author's Notice placed at the end of the novel *Regeneration*, she inserted a list of the real figures contained in her novel, preceded by the statement that 'Fact and fiction are so interwoven in this book that it may help the reader to know what is historical and what is not.' (*Regeneration*², Kindle loc. 4129)

As mentioned, the novel *Regeneration* features several army officers as characters who – after a particularly traumatic war experience rendering them temporarily unfit for combat – end up at the Craiglockhart Military Psychiatric Hospital, located in Scotland, under the care of neurologist and psychiatrist William Rivers. In her recreation of the figures of officers affected in their minds as much as in their bodies by their war experiences, Pat Barker was inspired by the Dr Rivers' medical writings. As Razzaq ascertains (194-5), the affected officers' traumas manifested themselves through a multiplicity of more or less incapacitating symptoms and disorders which reveal that a more general malaise, a psychic disturbance has taken over their minds. Most of

² Henceforward cited as 'R' with Kindle locations.

these manifestations are language disorders – from simple stuttering to aphasia. Many of them also suffer from nightmares, hallucinations and various psychosomatic manifestations, like uncontrollable tremors.

These symptoms, especially those related to language, are indicative of insurmountable tensions that inhabit and tear the traumatized fighters. There is, in fact, a profound strain between the understandable aversion of any individual for the nameless horror of the violence of confrontation and the command, clearly internalized, to act like a good soldier ready to defend fundamental values such as courage and patriotism. But this primary tension can, in each officer, be coupled with a discordance between an almost visceral impulse towards a denunciation of the abominations of war and the awareness that such denunciations would be fatally condemned by the military institution and, perhaps, also by the public opinion of the common people. Such was the case of Siegfried Sassoon whose critical open letter 'Finished with the War' – inserted at the beginning of the novel *Regeneration* – earned him a stay at Craiglockhart to avoid the other possible alternative, that of being court-martialled. The novel sheds light on how the military culture of silent obedience can be harmful to the individuals who suffer from it, particularly in the context of the Great War when the notion of 'bravery' was still fundamentally linked to the idea of absolute 'obedience', associated with extreme self-censorship of opinion and expression: 'The Great War took place in what was compared with us, a static world, where [...] obedient soldiers were still brave.' (Fussell 21-2) The culture of war that serves as a backdrop to the Great War conflict is a culture of bravery and refusal of any complaint or protest.

The novel *Regeneration* suggests that, faced with this censorship of opinions and words, only the body can still express discomfort or protest. The abundance of fighters who stutter or suffer from mutism because they have no other choice is revealing in Barker's work. The image of the horse's bit found at the end of the novel – '[a] horse's bit. Not an electrode, not a teaspoon. A bit. An instrument of control' (R, Kindle loc. 4015-6) – highlights how the constraints, both external and internalized, related to the context of joining the war effort have led the soldiers to submission and to silence, rendering them deprived of their voice in the literal sense, as well as figuratively. The combatants in *Regeneration* stifle their fears and complaints, but this leads them to develop physical symptoms and, as a result, the censored words generate pathological troubles.

Thus, through the perspective of psychosomatic disorders, Barker's officers treated during the war at Craiglockhart, question not only the effects of a culture of war that led to individual suffering as well as mass death but also, and above all, the radical inadequacy between a martial culture based on

traditional values, often chivalrous, inherited from the past and a new form of war – as it emerged in the First World War – accompanied by the tragedy we know.

The novel *Regeneration* can also be perceived from another perspective – that of offering purely clinical and therapeutic information about neurological disorders and the therapies used at the time to cure the neuroses of war. In this way, the readers come across a Pat Barker who, conscious of her role of fiction writer, is also perfectly capable to represent and counterpoint two different methods of treating speech disorders produced by the war, represented by Dr Rivers and Dr Yealland, and applicable equally to fictional as well as real characters.

Barker, throughout her novel, goes beyond the psychiatric institution and highlights the similarities that exist with other disciplinary institutions, such as the army or prison, because what all these institutions have in common is their want to control, even to subjugate, the bodies as well as the spirits. Michel Foucault goes even further when he speaks about a ‘political anatomy’ (138) acting as ‘mechanics of power’ (138) and perceived as a multiplicity of processes which converge and complete one another, having as final attempt to produce subjected and docile bodies in institutions such as schools, hospitals and military organizations (138).

From the very first pages of *Regeneration*, the similarity between the Craiglockhart Psychiatric Hospital and a prison is immediately noted by Siegfried Sassoon, not only because of the dark and massive appearance of the hospital, the ‘sheer gloomy, cavernous bulk of the place’ (R, Kindle loc. 221), but also because at times ‘the lack of privacy was almost intolerable’ (R, Kindle loc. 2540). Moreover, according to internal instructions, officers are strictly required to wear their uniforms at all times in the hospital, which is a reflection of strict dress standards in the military or prison environments. But Barker, beyond these few practical details, suggests that there is a fundamental desire contained in the very principles of war psychiatry for control and recovery of the subjects.

Various state institutions bear the clear ambition to control individuals so as to make them docile and ‘useful’, warns Razzaq (196). Thus, the army’s goal is to transform the body of man into an obedient object and enduring target of power. The result is that it has become possible to give men a martial air as well as a warlike efficiency, and this by domestication of the body itself, which is, of course, accompanied by the inculcation of certain rules and authoritarian values in the minds of the soldiers. The prison’s aim is also to transform individuals by making them submissive, coupled with surveillance of their bodies.

As Pat Barker shows in her trilogy, the same aims are at work in the psychiatric institution, which proves to be a very highly disciplinary institution,

this even more in wartime. *Regeneration* thus exposes how military psychiatry has become an implement of the army in its almost obsessive concern to control bodies and souls. On the one hand, the psychiatric hospital still has the function of straightening the bodies, seeking to remove in the traumatized fighters the physical symptoms (tics, twitches, tremors, etc.) by setting them against the expected behaviour of worthy good soldiers. On the other hand, it has to correct the mental disorders so that patients could find a martial spirit adapted to their duty to fight. In this way, as Dr Rivers himself acknowledges, war psychiatry is essentially 'the business of controlling people [...] [and] fitting young men back into the role of warrior, a role they had – however unconsciously – rejected.' (R, Kindle loc.4016-7).

The 'regeneration' in the title directly refers to this process of making fit again, of restoring, rebuilding the soldiers and officers so as to make them able to populate the war zone again. In this process, when the psychiatric hospital and the army act strongly cohesively, certain patients may consider themselves prisoners of such a union of interests between these two institutions. Rivers, in fact, not seldom feels constrained by such an institution which, in the name of defending a certain culture of war, sooner controls and censures than heals. As agent of a military hospital, his technique of recovery – the talking cure – proves to be more therapeutic than disciplinary and normative, whereas Dr Yealland is the partisan of electroshocks.

Between 1915 and 1918 and at the end of the First World War, the war neurotics – men suffering from disorders such as neurosis, aphasias, paralysis, doubling, hallucinations – awaited their healing in specialized clinics in the United Kingdom whose main attempt was to render them fit and reintegrate them into normal life. Such patients did not want, found it impossible or were no longer capable to verbally reproduce the horrors lived on the battlefield and express verbally all their ideas, fears or anxieties. For many of such people the main source of conflict was the conflict of loyalties and responsibilities. The straight analysis of the nature of 'manhood' brings Barker to offer the readers an inquest into the ways of speaking and keeping silent, an investigation about the lack of speech caused by the neurosis of war, as a symptom of the transgression of the limits committed on the battlefield. According to Childs, 'they are no longer able to express their fears and frustrations because they have been taught to ignore their feelings' (76). And, above all, subjugation of their emotions, as they were trained, was the essence of manliness:

They'd been trained to identify emotional repression as the essence of manliness. Men who broke down, or cried, or admitted to feeling fear, were sissies, weaklings, failures. Not men. (R, Kindle loc. 892-4)

Sometimes silence can be a means of cure through which the patients will be able to forget and forgive; and forgiving those who caused them harm may lead them to forget their crisis and painful experience, is Razzaq's belief (204). But, as emphasised in Steffens, the ultimate goal of 'healing' is 'highly problematic in Rivers' case, since it implies forgetting of the event in order to return to the Front' (47). The therapeutic process can also be done by keeping silent about the past, which sometimes can be effective in the healing, reparation, and rehabilitation attempts for those who suffer more by telling their story or experience of pain or harm that they have endured:

Notions of healing, reparation and justice to address the socio-moral aftermath of war vary between cultures and over time. Social memory, the domain of cenotaph ceremonies, truth commissions, etc plays a role, but so too does silence about the past [...]. This silence does not mean that the events are forgotten it shows reticence and a conservation of energy for the urgent task of rebuilding (Summerfeld 1106).

As previously mentioned, *Regeneration* not only reflects the events of the war but also the dissimilar strategies or medical procedures of two therapists, Dr Rivers and Dr Yealland. However, the business of both was, to a greater or lesser extent, to control and mould people:

Each of them fitted young men back into the role of warrior, a role they had – however unconsciously – rejected. [...] 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, Kindle loc. 4016-29).

Dr Rivers, based in Craiglockhart Psychiatric Hospital, is an unconventional and progressist thinker, as Childs sees him (75), who uses the method of dis-internalizing the conflict by applying Freudian psychoanalysis and empathising with the patients,

[...] leading [them] 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 (R, Kindle loc. 890-2).

Dr Yealland's practice is in the National Hospital in London, and, unlike Rivers, he uses physical and verbal violence against patients: 'Remember you must talk before you leave me.' (R, Kindle loc. 3882-3). This would be the case of his patient Callan to whom electric current is applied in the mouth until he screams of pain so that his ability to talk – to talk himself out of his fears and inner blockade – and, with it, his ability to face the enemy again on the battle field should be regenerated.

Dr Rivers also thinks that the patient has to talk and face his past and his fears in order to heal, but the procedure he practices is that of persuasion, as we see in the case of Prior and other officers at Craiglockhart Hospital. As Steffens suggests (38), Rivers' central thesis that Barker uses in this novel implied that the talking cure is the most successful method for treating shell-shocked soldiers. This is the same technique that was suggested by Freud, reinforced by recent medical studies that deal with such cases, according to which – as Razzaq reports (203-4) – there is the belief that therapy for PTSD (post-traumatic stress disorder)³ initially focuses on coping and comfort, restoring a feeling of safety, calming the nervous system, and educating the person about what he is experiencing and why and – through the process of talking – interrupting the natural cycle of avoidance (which actually perpetuates PTSD symptoms though it is initially adaptive and self-protective).

Dr Yealland also tries to make his patients talk but he uses a different approach, he tries to gain triumph by pushing his patients or forcing them to act normally despite the huge amount of pain they endure in their course of treatment under his supervision. Callan is virtually exorcised to utter the sound 'ah' with an almost superhuman effort, with the muscles of the neck in spasm and the head raised in a series of jerks. Even the torso and the arms are involved in the immense effort of producing this sound. And, in order to obtain

³ PTSD: Post-traumatic stress disorder (also called post-traumatic stress syndrome) is an emotional condition that sometimes follows a traumatic event, particularly an event that involves actual or threatened death or serious bodily injury to oneself or others and that creates intense feelings of fear, helplessness, or horror. The symptoms of post-traumatic stress disorder include the re-experiencing of the trauma either through upsetting thoughts or memories or, in extreme cases, through a flashback in which the trauma is relived at full emotional intensity. People with PTSD often report a general feeling of emotional numbness, experience increased anxiety and vigilance, and avoid reminders of the trauma, such as specific situations, thoughts, and feelings. It is normal to experience such reactions to some extent following trauma, and they are not considered symptoms of PTSD unless they last for at least one month or have a delayed onset. People with PTSD can also suffer from other psychological problems, particularly depression, anxiety, and drug abuse. (cf. Post-traumatic stress disorder, *Encyclopaedia Britannica*).

this, Yealland is able to go far beyond all limits, no matter how much pain may be caused to the patient, just as it happens in the case of the procedure witnessed with awe by Dr Rivers:

Yealland inserted a tongue depressor. Callan neither co-operated nor struggled, but simply sat with his mouth wide open and his head thrown back. Then the electrode was applied to the back of his throat. He was thrown back with such force that the leads were ripped out of the battery. Yealland removed the electrode. 'Remember you must behave as becomes the hero I expect you to be,' Yealland said. 'A man who has been through so many battles should have a better control of himself.' He fastened the straps round Callan's wrists and feet. 'Remember you must talk before you leave me.' (R, Kindle loc. 3879-83)

This absence of language is, therefore, a presence with specific weight and significances at certain moments of therapy. Prior, before undergoing therapy, remains in a state of absolute silence because, the only thing he can express is to write on the wall of his room 'no more words' (R, Kindle loc. 803). Later on, upon awakening from one of his nightmares, the same Prior warns that he can speak again, and that the voices he heard inside him go out again through their anguished dreams. From that moment on, his personal history will face the real historical time and enter a new circle of verifiable effects. As a therapy, the memory of his past life can rescue his personality. However, he will refuse to participate in the creation of his own personal history and, consequently, to re-create or re-acknowledge his identity:

Mutism seems to 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. And for the private soldier the consequences of speaking his mind are always going to be far worse than they would be for an officer. What you tend to get in officers is stammering. And it's not just mutism. All the physical symptoms: paralysis, blindness, deafness. They're all common in private soldiers and rare in officers. It's almost as if for the ... the labouring classes illness has to be physical. They can't take their condition seriously unless there is a physical symptom. And there are other differences as well. Officer's dreams tend to be more elaborate. (R, Kindle loc. 1718)

Dr Rivers' relationship with his patients is recurrently paternal and dominating positively but not overwhelmingly. When he keeps silent with them most the time, he does it to encourage them to talk about their fears and

horror, in order to have them cured and make them bring themselves back to their normal mentality. In the novel, Rivers keeps silent in front of his patients not so much as to reprove them but to show them that he does not approve of their silence and thus give them the chance to go out of their fear and express themselves freely which, he believes, will help them to get cured. He must teach his patients to speak again and visualise their inner selves through introspection (Branningan 18). Through his silence and deep listening to his patients, Rivers creates a safe environment, which can be used by the patients to reveal all their fears and repressed experiences regarding the war and lead them to face their fear and help them, at the end, in their healing progress. In this context, Sassoon says:

Rivers' silences are not manipulative. (Mine are. Always.) He's not trying to make you say more than you want, he's trying to create a safe space round what you've said already, so you can think about it without shitting yourself. White net curtains drifting in on the breeze. Pok-pok, pok-pok, from the tennis courts, until somebody misses, and the rhythm goes. (R, Kindle loc. 10225-7)

Rivers always adopts the rational behaviour, argues Branningan (15), who sees him as the agent of salvation for his patients and agent of social discipline for Sassoon and Prior. What predominates in his case is his humane attitude and real concern when facing the suffering of his patients (Ross 137).

Many times, Rivers asks himself about his feeling towards those patients that he had cured, and who returned to the front. And when Sassoon passes the Board and is about to leave the hospital, Rivers is wondering how he would feel if Sassoon were to be killed, because this was a possibility with those patients who returned to France. Another matter of doubts for Rivers is the irony of the situation when he, who was in the business of reforming patients, might himself have been reformed by one of his patients, clearly unaware of having done it.

Not only the patients have speech problems, but also Rivers himself is disturbed by fits of dyslexia – his own stammer. He knows that this stammer was caused by some kind of shock– the accident he endured when he, just a child at the time, was with his father at the barbershop. He believes that small children are not like adults and what grown-ups perceive as trivial may terrify them. He remembers that moment:

He'd had his hair cut, he'd just been breeched, yes, that was it, his neck felt funny, and so did his legs. And he was crying. Yes, it was all coming back. He'd embarrassed his father in the barber's shop by howling his

head off. Bits of him were being cut off, bits of him were dropping on to the floor. His father shushed him, and when that didn't work, slapped his leg. He gasped with shock, filled his lungs with air, and howled louder. So being shown the picture was a lesson? You don't behave like that, you behave like this. 'He didn't cry,' his father had said, holding him up. 'He didn't make a sound.' (R, Kindle loc. 9014-8)

And when he advances in age, the stories of the patients' war experiences and his attempt to identify with their neurological problems bring back to him his problem of nervous stammer and his incessant fight to overcome it.

Unlike Dr Rivers, Dr Yealland does not believe in the sympathetic emotion that can be shown by the therapist towards his patients. 'The last thing these patients need is a sympathetic audience' (R, Kindle loc. 3864), he says. He thinks that the patient must feel that the only way to get rid of the harmful treatment he is applying to him is by response to the order of the doctor: "You will not leave me," he said, "until you are talking as well as you ever did. No, not a minute before." (R, Kindle loc. 3878)

He wants his patients to surrender themselves to him completely and even abandon their voices. He tells them that what is wanted from them is: 'Attention, first and foremost; tongue, last and least; questions never.' (R, Kindle loc. 3834) In his technique of treatment, he doesn't allow his patients to make any suggestions and he suppresses their voices as well as their will. He tells his patient Callan that,

'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.'

He paused. Then added with great emphasis:

'You must speak, but I shall not listen to anything you have to say.' (R Kindle loc. 3906-8).

Yealland's therapeutic approach is obviously perceived as the opposite to Dr Rivers' who allows his patients to speak freely, listens to them and shows interest in all subjects they share with him, like with Prior when he suggests the use of hypnotism in his case and Rivers after a while agrees with him. Yealland is not even interested or not ready to listen to what they are saying, he just wants to gain the triumph of making them speak, as in the case of Callan, to prove that he has succeeded in his work, no matter how severe and harsh the ways of treatment that he uses. He insists on making them cure by any means and under any circumstances.

One of Dr Rivers' patients in Craiglockhart Hospital is a special case, the Second Lieutenant Billy Prior – entirely Barker's fictional creation – seen by Ross (135) as a person with fractured personality both socially and sexually. He soon moves to the front stage as an 'avatar of the period' (Bradford 85) that evolves from the lower ranks of working class to the status of decorated soldier. According to Hubbard (159-60), his role is to relieve the idea of social class differences, though, actually, he does not represent working-class consciousness. Maybe this is the reason why he fails in this role and leads the readers to believe that such differences are still unavoidable in spite of the mutual assistance generated by the war. Pacifism is not a direct topic of the trilogy, still Prior is linked with that since he sympathises and even polemises with the pacifists, openly asserting that specific campaigns are not necessary and, as no-one wanted the war, the best way to stop it is by refusing to participate.

His silence is that kind of muteness, of mental shut-off in which the patient can no more utter any sound and has to communicate with the help of a notebook. He is continually haunted by nightmares he would like to wipe out of his mind and when asked about his dream, he writes, 'scrawled in block capitals, I DON'T REMEMBER' (R, Kindle loc. 777) in his notepad. Rivers thinks that the patient is tending to muteness because he is afraid of something to talk about and his way to solve this problem is by urging him to express his mind verbally, thus un-hindering in his unconscious mind his volition to speak. In his unconsciousness, Prior actually develops a state in which he takes refuge in another mute self to escape the pain of a gruesome experience, the memories of the trenches. This mechanism he discovered in his childhood to escape the scene of violence conducted upon his mother by his father. In his case, as Childs remarks, verbal expression goes far beyond the natural feeling of revulsion against war 'to a deeper conflicted level which lurks a desire for violence and mastery' (73). Prior, just as Burns, are direct victims of the war with neurotic (Prior) and even psychotic (Burns) tendencies (74).

Burns is one of the most psychologically affected of Dr Rivers's patients, a 'microcosm of the horrors of war' (Childs 73), after having been thrown by an explosion with the head into the gas-filled belly of a dead German soldier, which caused him to swallow some of the decomposing flesh. The result is that he is doomed to be in a perpetual state of sickness, unable to eat anything, with his mind continually and obsessively perceiving dead bodies and the smell and taste of rotting corpses. This becomes materially evident when, one day, he escapes from the hospital, wanders off to a hillside and, after having placed himself under a tree which he sees filled with the hanging bodies of dead animals, takes them down and, thus, visually reconstitutes with them the battlefield strewn with the corpses of the soldiers:

When all the corpses were on the ground, he arranged them in a circle round the tree and sat down within it, his back against the trunk. He felt the roughness of the bark against his knobbly spine. He pressed his hands between his knees and looked around the circle of his companions. Now they could dissolve into the earth as they were meant to do. He felt a great urge to lie down beside them, but his clothes separated him. He got up and started to get undressed. When he'd finished, he looked down at himself. His naked body was white as a root. He cupped his genitals in his hands, not because he was ashamed, but because they looked incongruous, they didn't seem to belong with the rest of him. Then he folded his clothes carefully and put them outside the circle. He sat down again with his back to the tree and looked up through the tracery of branches at grey and scudding clouds. The sky darkened, the air grew colder, but he didn't mind. It didn't occur to him to move. This was the right place. This was where he had wanted to be. (R, Kindle loc. 740-7)

By far, the most memorable of the patients in Craiglockhart Hospital is Siegfried Sassoon, based on the real war poet, whose declaration against the war, 'Finished with the War: A Soldier's Declaration' (R, Kindle loc. 109), opens the novel and in which he writes:

On behalf of those who are suffering now I make this protest against the deception which is being practised on them; also, I believe that I may help to destroy the callous complacency with which the majority of those at home regard the continuance of agonies which they do not share, and which they have not sufficient imagination to realize. (R, Kindle loc. 119-22)

This form of protest is identified by Dr Rivers as a form of neurosis (Hubbard 161) caused by his divided personality split between his own self as a pacifist – represented by his anti-war declaration and committed poetry – and his military side as company commander across the frontlines. This split triggers his neurotic double perception of the outside world, as objective reality and obsessive perception of the ghosts of dead soldiers entering his room. His sexuality is also at odds with tendencies towards homosexuality, whereas his behaviour is dominated by a strong sense of honour and comradeship that, in spite of his pacifism, makes him want to be discharged and return to the battlefield among his soldiers. His strong personality permanently perplexes Dr Rivers whose method of treatment tries to reconcile the two sides of Sassoon, the pacifist with the militarist. As Hubbard

sees it (161), the success of his attempt is illustrated, though indirectly, in the scene when Sassoon changes out of his pyjamas into his uniform:

Rivers walked across the room, took Siegfried's tunic from the peg and threw it on to the bed.
'Come on, Siegfried. Put it on. You can't spend the rest of your life in pyjamas.'
'I can't spend the rest of my life in that either.'
'No, but you have to spend the rest of the war in it.'
For a moment it looked as if Siegfried would refuse. Then, slowly, he pushed back the covers and got out of bed. He looked terrible. White. Twitching. Exhausted.
'We needn't go far,' Rivers said.
Slowly, Sassoon started to put on the uniform. (R, Kindle loc. 7698-704)

The outcome of this achievement is obvious when Dr Rivers realises that, in spite of his hesitations and Sassoon's never-changed anti-war feelings, he will eventually have to send him back to the front to comply with the poet's feelings of duty and honour:

How on earth was Siegfried going to manage in France? His opposition to the war had not changed. If anything, it had hardened. And to go back to fight, believing as he did, would be to encounter internal divisions far deeper than anything he'd experienced before. Siegfried's 'solution' was to tell himself that he was going back only to look after some men, but that formula would not survive the realities of France. However, devoted to his men's welfare a platoon commander might be, in the end he is there to kill, and to train other people to kill. Poetry and pacifism are a strange preparation for that role. Though Siegfried had performed it before, and with conspicuous success. But then his hatred of the war had not been as fully fledged, as articulate, as it was now. (R, Kindle loc. 4207-12)

In spite of Rivers' positive results, Barker does not directly proclaim the success of his talking cure, because of the underlying contradiction— you cure somebody in order to be able to send him to a place where he might get killed. A paradox that Steffens also expresses when she writes:

On one hand, Rivers insists on its necessity to combat shell shock, and on the other, he questions the ends to which it is used since the cure returns soldiers to the Front. Moreover, although he encourages the soldiers to talk, cry, and grieve, he also silences them, particularly their protest, as in the case of Sassoon. (51)

Regeneration is a novel about anti-war feelings and the soldiers' own form of protest, 'through their bodies': soldiers and civilians were not allowed to protest openly against the war, so they protested through their bodies in the form of different illnesses. One of the writer's main concerns is the dichotomy reality/duty vs. morality. Morality never allows any human being to kill another human being, but the duty of a soldier is to kill or else get killed. It is the duty of the nation to fight, even when there's no end or gain in sight. This paradoxical situation caused even the strongest person to breakdown.

Two challenging themes that the novel also covers are those of gender and class. The issue of gender deals with the reality that the men who took part in the war were compelled to be passive in the trenches, sufferers of emotional outbursts waiting to be killed. In parallel, what was expected from them was a martial behaviour, a model of masculinity common to Britain during this time. Bravery, endurance, dignity, honour, mental strength, and confidence were privileged 'manly' characteristics that the combatants were expected to exhibit. But it was not seldom that these requests were dramatically and tragically challenged, which led to conflictual behaviours and manifestations such as those present in the patients of Craiglockhart Hospital.

Regarding the class system, although it was thought that this class system ceased to exist on the front lines, the defining character Billy Prior reveals that this was not true, that there were still important societal divisions of class, despite it being a time of war. This shows how deeply-rooted the class system was in the hearts of men even in times as challenging as those of the Great War.

The novel also underlines the theme of homosexuality, still a taboo during the First World War. In real life, poet Siegfried Sassoon was described as a latent homosexual. Initially, he thought that it was his camaraderie that made him care for his subordinates, but later he developed more intimate relationships. Prior and even Dr Rivers are also depicted as bisexual characters. Prior's 'aggressive bisexuality' (Ross 135) as lover of Charles Manning, is gradually developed in the second sequence of the trilogy, *The Eye in the Door*.

The novel *Regeneration* wants its readers to perceive the variety and depth of the agonistic potential of the First World War, not from the context of the battlefield, but through the prism of the management of the evils of war by the psychiatric institutions of the time, such as Craiglockhart Military Psychiatric Hospital in Scotland. In the context of the war and battlefields, surviving the fighting was a simple question of luck. As a result, not only was the human psyche notoriously under severe strain, but also certain values inherent in the culture of war, traditional values such as the courage and skill of the fighter, were endangered by the new-deal conditions of the fight.

Pat Barker's novel thus invites its readers to rethink the impact of the Great War confrontation through the particular perspective of the psychiatric care of the ills experienced by the soldiers, Razzaq states (160-1). The very existence of these evils, often all the more virulent as they cannot be put into words, bears witness to intimate suffering, and also to the more general upheaval of a society whose martial values are challenged by the experience of modern warfare. Faced with these evils, whose manifestations are sometimes most disturbing, the psychiatric institution asks questions and gives answers, not without ambiguities. In fact, this institution is crossed by most contradictory forces, since it must at the same time treat suffering and take over from the army in the business of management of bodies and minds to support the war effort. The study of *Regeneration* allows the readers to consider how a contemporary novel manages to bring to light the tensions and paradoxes of a culture of a very disconcerting war such as the First World War actually was.

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