

Doctoring the Trauma of War and Empire in Pat Barker's *The Ghost Road*: A Haunted Narrative

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The traumatic effects of the two Great Wars became central to the British cultural memory; and the image of the shell-shocked soldier came to be significant in literary representations of the interwar period. Later developments in the study and practice of military psychiatry, especially during and after the Second World War brought into view a more complex discourse of 'Post-traumatic stress disorder' which involved multiple levels of trans-national, ethnographic, symbolic, cross-cultural, postcolonial and narrative engagements of trauma and attempts at recovery. Pat Barker's well-known *Regeneration Trilogy* has been discussed by several critics as a documentation of wartime trauma. However, what remains less discussed is the last part of the trilogy, *The Ghost Road*. The text provides an intriguing narrative of spiritual trauma which continues to haunt the cultural memory of the British Empire through the distorted Alice-like journey of Billy Prior back to death, and brings back the cross-cultural Melanesian past in relation to the 'spiritual' memory of Dr. Rivers, who treated Prior along with Sassoon and Owen. With theoretical reference to the 'Post-traumatic Stress Disorder' and the 'Hauntology' of Derrida, this paper seeks to discuss how trauma itself can be read as a ghostly journey of cross-cultural and postcolonial memory in *The Ghost Road*.

Trauma, meaning 'a wound' in general, dates its first use in pathology since the seventeenth century. With the rise of psychoanalysis and psychopathology in modern times, it has become a socio-cultural construction in the sense that it reflects the

human suffering through the haunting and deeply shattering experience of social groups, communities, nations and sometimes the civilisation as a whole. The effects of the First World War on the European culture had been traumatic, and it has continued to haunt the collective memory for long. The thematic importance of 'haunting' in contemporary literary and cultural studies has received much critical attention especially in postcolonial studies, which often finds a point of reference to Derrida's *Spectres de Marx*, in which he argues that we need to live with ghosts and spectres put up with the politics of memory, legacy, and generations through which the civilization has to carry itself on. Pat Barker's *Regeneration Trilogy*, remarkable for its depiction of the Great War as a cultural trauma, can be read as a text reflecting the hauntological qualities of trauma, showing how the uncanny and the phantasmal can be understood as a mediation between past and present, the dead and the living.

Barker's trilogy has been discussed by several critics from different points-of-view. R.J. Jackson reads the trauma as a cultural allegory in *Regeneration* which embodies narrative dissociation and narrative trauma in the second and third parts of the trilogy. John Brannigan considers the trilogy in terms of a "crisis in European modernity through tropes of displacement and temporal disjunction" (113). In "Reciprocal Haunting", Knutsen uses the intertextuality of the trilogy to explore its dialogic and diachronic qualities. However, what remains less discussed is how the 'ghostly' experience itself constructs a post-traumatic and post-imperial disorder especially in the third part of the trilogy, *The Ghost Road* (1995).

In *The Ghost Road*, we find 'haunting' as a means of mediation, as Gordon calls it, between "'a social structure and a subject, between history and biography' (19). The personal and emotional histories of the real-life doctor-figure Rivers and the fictional soldier Billy Prior, along with other characters – both historical and fictional, constitute the narrative of a collective, cultural trauma. One narrative strand follows the journey of Billy Prior, who goes back to France after his recovery at the hand of Dr. Rivers, only to get killed. His letters to Prior from the war-front show his complete disillusionment about the war, and in a way, his death is a triumph against trauma. He dies willingly, rather than to live and suffer a recurrence of trauma. As he has put it, "what we need is a proper death" (135), echoed by Dr. Rivers later in the novel, "They didn't have to wait long for their proper death." (155) The other narrative is a continuation of the social and cultural trauma that the war has perpetrated on several victims of war – including Sassoon, Charles Manning, Billy Prior and others whom Dr. Rivers

go on treating at the Empire Hospital. As a military doctor and psychiatrist, it is his duty to cure the soldiers of 'war-neurosis', so that they can return, if possible, to the war-front and serve the nation, making themselves vulnerable to further traumatisation. In other words, the role of the 'healer' is entrapped into the production of a recurring trauma.

Since the late nineteenth century, the medical domain of treating trauma was exclusively psychical. In 1896, Freud and Breuer wrote that in traumatic neurosis, the principal cause is not physical injury but "the affect of fright": the memory of trauma "acts like an agent provocateur in releasing the symptom" (Luckhurst 499). Freud and Breuer also gave an outline of the method of 'talking cure' as a possible mode of treatment for such psychic disorders. Bringing to light the memory of the traumatic event often acts like its own remedy, as their early experiments showed. However, this technique is also subject to the danger of making the traumatic memory recurrent, which puts the patient in a repetitive experience of agony. For the patients of Dr. Rivers in the second decade of the twentieth century, the process was not much developed, and in cases of extreme sensitivity, it falls into the symptoms very close to what came to be known, much later, as PTSD.

The psychoanalytic and symbolic structure of Barker's fictional work thus corresponds to the more recent pathological and psychiatric theories of PTSD or Post-traumatic Stress Disorder, which Rivers and his colleagues understood as 'shell-shock' and its consequent 'war-neurosis' during the First World War. PTSD came to be medically theorized much later, in the 1980s, when the effects of the Vietnam war were still haunting, along with the 50th anniversary of the Second World War drawing near, and the preparations for the Gulf War going on. As Allan Young suggests, the patients of PTSD have the experience of "acting or feeling as if the traumatic event were recurring," and they tend to suffer from "intense psychological distress when exposed to events that symbolize or resemble an aspect of the traumatic event" (117). This is exactly what happens to many of Dr. Rivers' patients, and indirectly, to the doctor himself. Among his patients, Siegfried Sassoon suffered and hated the mechanisms of war, radically spoke against the government, but found his way towards a creative output and could express his symptoms as an aesthetic sublimation, which he would otherwise experience as PTSD. Billy Prior, the fictional working class soldier, unlike his famous real-life colleagues and hospital-mates took a regressive journey back to death in order to escape from the repetitive entrapment of trauma.

Jones and Wessely argue that though 'shell-shock' and 'PTSD' share some characteristics, they should not be conflated and it would be too simple to think that the former is a straightforward predecessor to the later. PTSD emerged in connection to the treatment of the veterans of Vietnam War: it was a new mode of diagnosis which recognized the experience of the battle field as an 'extreme traumatic stressor' (Luckhurst 505) of a hyper-type which was yet to be experienced by the veterans of the First World War. Barker's fictional work, written in the 1990s and looking back at the human damage and psychic disorientation caused at such an epic scale for the first time in Europe during 1914-19, tends to achieve a 'mixing' of 'memory and desire' by consciously conflating shell-shock with trauma, in order to create a 'looking-glass' like effect. The intertextual references to *Alice in Wonderland* and *Through a Looking Glass* are not merely allegorical representations of Billy Prior's childhood trauma. By the third part of the trilogy, it has become a symbolic patterning and pairing of the living and the dead, the traumatized and the cured, the doctor and the patient, the war-neurotic and the post traumatic. Trauma contains the distorted ontology of individuals, groups and the whole culture, and the 'post-traumatic' consists in the mirroring of the past.

With his former patients like Sassoon and Prior back to war, and the situation of the war itself changing to the worse, Dr. Rivers realises his own doubts and responses to war, to society and the cultural trauma of the British empire, in the process of treating the traumatized army-officers. This brings in the cross-cultural narrative of Rivers' Melanesian past. Rivers' memory is haunted by his earlier ethnographic researches in the Melanesian islands. The Eddystone islanders' culture of war and tribal medicine offer a phantasmagoric doppelganger to the war-torn British civilization and its equally problematic medical efforts to comfort and 'repair' its wounded officers and ravaged cultural dynamics, along with its thwarted imperial desires. Postcolonial studies have critiqued the biased European register of signification which identifies their own history and civilization with an advanced and progressive scale of evolutionary scale, and excludes the exotic cultures as the 'savage' other. In *The Ghost Road*, Dr. Rivers' spiritual meanderings back to pre-war Melanesia does tend to pose the British war-experience as a mirror-image of the Melanesian war-culture in a way that undermines the very idea of European superiority and 'civilisation'.

War and medicine constitute two shared but complex grounds of interaction between the British and the Melanesian culture. Britain suffers, and its culture,

civilization, its manhood and images of power are traumatized because of the Great War, whereas Melanesia suffers because of the British colonial interruptions that banned several traditional rituals of their warfare. Head-hunting, for instance, has been crucial to their culture. Ironically, the British colonials have inflicted more violence and taken more lives than the Eddystone islanders do in their ritualistic search for the enemies' head. They look at war, disease and death as part of the regenerative force that maintains harmony in their culture, which the British administrators are trying to destroy. For the depopulation and disintegration of the Melanesian people, Rivers also blames the European diseases like "whooping cough, measles, diphtheria, chicken pox, scarlet fever" (125) — carried to Melanesia on gunboats during the colonial expeditions.

During his stay in Melanesia, Rivers was not fully free of the imperial ideology, and as a 'rational' British anthropologist could not fully comprehend the nuances of the Melanesian culture. It was difficult for him to overcome the Eurocentric baggage of pre-conceived notions about the 'exotic'. However, as an open-minded man of conscience and feeling nor did he look down upon it as something superstitious and 'savage'. He was conscious of the different levels of understanding between his perception of warfare and its consequent atrocities on the human psyche, and the views of the Melanesian healer Njiru whom he befriended during his anthropological expeditions. Later, while doing his duties at the Empire hospital, during his own illness and traumatic suffering – keeping in mind that trauma is often contagious – he can hardly hold on to the different registers of meaning, and puts himself, consciously or unconsciously, into a kind of uncanny doubling. In *Structural Anthropology*, Claude Levi-Strauss has drawn several aspects of parallels between the shaman and the psychoanalyst. With reference to Levi-Strauss, SudhirKakar writes: "Both the Shaman and analyst establish a direct relationship with the patient's conscious and an indirect relationship with his unconscious – the analyst through listening, the shaman through oratory" (Kakar 2012: 92) .

Like a shaman, a psychoanalyst also approaches the troubled mind of the patient enabling it to enter a different level of ritualistic or linguistic experience. In *The Ghost Road*, such a parallel can be found between Dr. Rivers and the Melanesian shaman. Both are engaged in psychic therapy and healing, though their methods and training in medicine are widely different. Both 'healers' are located within their respective cultures negotiating warfare, but none of them directly participate in the war. This doubling, by

extension can be applied to the juxtaposition of the colonial and the colonized cultures, gradually destabilizing the hierarchy between the two.

By *The Ghost Road*, Dr. Rivers has grown doubtful of his scientific methods of handling trauma; he realises that in the recycling pattern of war-neurosis, there is no escape except in death. His experiences with Njiru in Melanesia come back in dreams, feverish delirium, and at moments of contemplation, and he even tries the 'primitive' methods he learned in Eddystone. Confronted by more and more complicated pathologies and spiritual disintegration caused by war-trauma, he often feels that a 'witch-doctor' like Njiru would have been more successful in curing the disease of civilization, when contemporary Western psychiatry itself is helpless and traumatized. Wansbeck, one patient of Rivers has the daily visitation of a ghost of a German soldier he killed, and Rivers prescribes that he should talk the ghost away.

The case of Wansbeck helps to reintegrate Rivers' memory of Njiru, who taught him the mantras of exorcising the evil spirits, methods of 'taking cure' by communication with the 'ghost'. Now through his exhaustive daily rounds at the Empire Hospital, Rivers comes to understand the implication of such methods with his gradual disorientation from and disgust at the brutality of war, civilisation and empire. The 'Empire Hospital' becomes a symbolic location of culture, a microcosm representing the diseases and anxieties of the war and the empire, which destabilise the traditional Eurocentric binaries between the savage and the civilized. Rivers, in his fever-induced vision, re-experiences his failed attempts to understand the language of spirit-world at a death-ritual in Eddystone. As the spirits began to 'talk', Kundaite, the interpreter-priest translate them as a series of questions directed at the two white men, Rivers and his colleague Hocart: "Who are they? Why are they here? Were they as harmless as they seemed? Why did they want to hear the language of ghosts?" (210) The recurrence of such questions in River's feverish state of consciousness seems to pose a deeper critique of British imperialism than it seemed earlier in the novel. This is no longer a sympathetic white man's nostalgic guilt-feeling over the damage his culture has done to the 'exotic other'; it is rather a recurring sense internalization of the haunting challenges which the spirit-world of Melanesia, on behalf of both its living and dead, force the white man to realise and answer. This recurrence, once again, draws a parallel between the medical, the psychiatric and the spiritual orientations of post-traumatic stress disorder in a postcolonial context.

The presence of the spirits or ghosts is not felt directly in the novel. Dr. Rivers either memorises in flashback his researches on the spirit-world of Melanesia, or revisits transfers the experience of learning Njiru's methods by applying them to his patients. Thus the ontologically separated locations of culture in Britain and Melanesia can be understood through a 'hauntological doubling' throughout the Regeneration trilogy, especially in *The Ghost Road*. A ghost is neither present nor absent, neither dead nor alive : the spectrality denotes an in-betweenness of being. As Derrida writes:

The specter, as its name indicates, is the frequency of a certain visibility. But the visibility of the invisible. And visibility, by its essence, is not seen, which is why it remains *epekeinalesousias*, beyond the phenomenon or beyond being.(100)

So ghosts and specters are beyond being, but they are there, to come back and haunt the very concept of being. Derrida further notes that a ghost has a 'revenant' quality, it begins by coming back. This recurring effect of hauntology can also be related to the symptoms of PTSD, which keep coming back, and therefore, do haunt the traumatized being.

Considering that Derrida supplanted the word ontology with 'hauntology', it is not far to realise how this kind of 'doubling' reflects an existential trauma. Dr. Rivers' own traumatic childhood under the surveillance of an abusive father continues to haunt his own fatherly relation to his patients, which sometimes verges on the Oedipal. Billy Prior's death which occurs outside the main narrative, finds it doubling in the death of Hallett which Dr. Rivers encounters at the Empire hospital. At the end of the novel, another remarkable vision takes place which brings together the pathological symptoms of PTSD and the spiritual trauma of hauntology. Young notes that sleeplessness, irritability, hypersensitive nerves and startling responses are characteristic to PTSD. Rivers' thirty-hour long death-watch on the wounded soldier Hallett has kept him sleepless, made his nerves overwrought and hypersensitive, and "as he struggles to keep awake", he hears the voice of Njiru chanting the exorcism of Ave, the spirit of destruction, war and epidemics:

O sumbi! O Gesese! O Palapoko! O Gorepoko!... Go down, depart ye.

And there, suddenly, ..., not in any way ghostly, not in fashion *blongtomate*, but himself in every particular, advancing down the ward of the Empire Hospital, attended by his shadowy retinue, as Rivers had

so often seen him on the coastal path on Eddystone, came Njiru.

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 yeer n for us, the ?ngerless, the crippled, the broken. Go downand depart, oh, oh, oh.

He bent over Rivers, staring into his face with those piercing hooded eyes. A long moment, and then the brown face, with its streaks of lime, faded into the light of the daytime ward. (276)

Jackson reads the exorcism as a universal call for “war to end all wars” (169); John Brannigan suggests that “Njiru sees the end of men” and the exorcism is “performed for the mate, the living dead”(116). Rivers, along with his dead and dying patients now belong to land of the living dead. Brannigan further argues:

Just as the final scene signifies the dramatic return of Rivers’ visualizing power, it indicates, too, a traumatic shift in the historical consciousness, from one in which time unfolded progressively towards healing to one in which time is structured around loss absence and otherness. (116)

Both Jackson and Brannigan insist on the “end of war” and “end of men” as a universal teleological vision attributed to Njiru, but the question remains: Does the English translation (which Jackson omits altogether from her citation) at all represent Njiru’s voice? Or is it added as Rivers’ own response to Njiru’s original words coming back to haunt him? Such questions may draw one’s attention to the ambivalent nature of the exorcism itself, which tends to reframe the very concepts of the ‘real’ and the ‘phantasmal’. Rivers sees Njiru as “not in way ghostly”, but as he saw him really walking along the coasts of Eddystone .If Njiru is not ‘ghostly’, the very presence of the Melanesian witch-doctor at the setting of the Empire Hospital – an institutionalized locus of clinical gaze, power and disciplining— seems to question the reality of the whole imperial design and war-politics of the British civilization. His “piercing hooded eyes” staring authoritatively at Rivers’ face cannot be merely dismissed as being ‘neither present nor absent’, to use the phrase in a Derridean sense, at least for the ‘long moment’. The ‘presence’ of Njiru is so ‘real’ that it requires a counter-response translated into English, with the addition of the horrible reality manifested by the traumatized, the wounded, the crippled and the dying soldiers of the British Empire. Even then, the English version recreated in Rivers’ mind sounds rather stoical and

exhausted in its appealing tone, it lacks the force of the original exorcism uttered by Njiru. Does Njiru's exorcism point towards an end of war and epidemic in general, or does it prophetically indicate the end of the British empire? Does the fading of Njiru's face in daylight suggest a hallucination that can be easily dismissed with the dawning of daylight, or does it in itself mark the beginning of a new day? The open-ended vision towards the close of *The Ghost Road* remains a textual aporia, in which the trauma, like a ghost, repeats itself but refuses any fixed register of signification.

So in Barker's work the traumatic becomes the 'hauntological' and vice versa. The narrative of *The Ghost Road*, in its intriguing vacillation between the living and the dead, past and present, Britain and Melanesia, the personal and the collective moves beyond the textualization of trauma. Memories of the dead, sometimes in the form of apparitions, sometimes as dream-visions and sometimes as a 'doubling' haunt the living and threatens the legacy of colonization. The text thus performs a type of 'mediation' between the subjective and the collective memory, and reinforces the fundamental 'hauntology' of being in the present— living with the ghostly burden of the past.

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